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SEVENTH ANNUAL KAREN HORNEY LECTURE

CENTRIPETAL FORCES IN PERSONALITY DEVELOPMENT

LEO KANNER

I HAVE in my possession a letter from Karen Horney, written on May 10, 1950, a few days after a round table discussion on "Psychoanalysis and Character Development in Children," held in conjunction with the annual meeting of the American Psychiatric Association in Detroit. This particular event had been arranged by Dr. Horney and her co-workers, and it was with a feeling of pride and with a sense of responsibility that I accepted a cordial invitation to take part in the program. "We all felt," Dr. Horney said in her note to me, "that barriers were really brought down as people with varying initial orientations focused on one problem in a spirit of search for the truth."

I had chosen for that occasion the topic: "Centrifugal and Centripetal Forces in Personality Development." Because of the number of distinguished participants, each of whom had a meaningful message, the time limit imposed by necessity called for a terse, condensed presentation. Therefore, when I was honored by the invitation to deliver this year's Karen Horney lecture, I welcomed this distinction as an opportunity to enlarge upon a subject to which, primarily in the area of psychoanalysis and more broadly in the general field of psychiatry, Dr. Horney had made an impressive contribution.

One does not have to be an expert historian to be aware of an age-old—and as yet unsolved—dilemma which has troubled philosophers and physicians and which has been, and still is, responsible for the "varying initial orientations" referred to by Dr. Horney.

The dilemma has arisen from the basic inability to find a clearly perceived link between the propensities residing within an individual—which may be termed his inherent destiny—and those influences which come upon him from beyond the boundaries of the self. The search has been going on for at least two-and-a-half millennia. It is fascinating to see how, until considerably less than one century ago, there was a prevailing tendency to dismiss all perplexities by viewing characterological differences, behavioral peculiarities, and somatic diseases as the results of conditions and happenings inside the human microcosm, with little concern about the impact of external forces on personality, conduct, and health. One need not be bothered by the latter if it is asumed a priori that the stimuli originate in a self-contained unit which,

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Leo Kanner, M.D., Professor of Child Psychiatry, The Johns Hopkins University; Director, Children's Psychiatric Clinic, The Johns Hopkins Hospital, Baltimore, Maryland. This was the Seventh Annual Karen Horney Lecture, read before the Association for the Advancement of Psychoanalysis at the New York Academy of Medicine on March 25, 1959.

amoeba-like, sends out its pseudopodia centrifugally into an environment whose structure is of little consequence other than as a benefited or injured, approving or disapproving, lenient or censoring recipient.

It is interesting to note that for many centuries this position was held equally by theologians and by scientists, regardless of whether they happened to see eye to eye or were in vehement disagreement with each other. The concept of body-soul dualism made it possible for the theologians to regard "sinful" nonconformity and mental illness as the manifestations of possession of the soul by evil spirits. This pointed, with a logic consistent with the premise, to the only acceptable form of treatment: once the demon was exorcised, the internal stimuli could be altered to the therapist's satisfaction.

The bulk of the scientists, most of whom would have been indignant about any such juxtaposition, had no patience with the primitive idea of spirit occupancy. They did not feel that they had to fall back on the ultranatural and looked, instead, for explanations more in keeping with what impressed them as natural phenomena. Yet, though turning their backs to the belief in one kind of "possession," they still focused their searchlights exclusively on some features inside the individual that could be viewed as the sole foundation of his personality. Hippocrates, while denouncing the superstitions of his day, correlated differences in mood and behavior with "the four humors" of the body and grouped mankind accordingly into sanguine, melancholic, choleric, and phlegmatic "temperaments." Demonism was thus happily dispensed with, but instead of harboring a soul governed by a kindly or malevolent deity, a person was declared to be shaped by the rule of a predominant humor which alone held the key to his temperament. The typologies thus inaugurated by Hippocrates were revived from time to time in one form or another, based more recently on body configuration, eidetic imagery, or on whether one's main focus of interest and preoccupation is directed inward or outward. These and other dichotomies, or trichotomies, of the species were represented by sets of adjectives. The types themselves were looked upon as something that was chromosomally preordained. A person was just made that way from the start. The typologies were guided by something like the Popeye philosophy: "I am what I am; I am Popeye the sailor man." A person behaved in a certain way or had a certain disease *because* people of his "type" were constitutionally predisposed to this particular form of behavior or this particular disease.

The terms constitution and predisposition, used in the preceding sentence, are borrowed from general medicine where the origin of disease was throught for a long time to reside principally within the afflicted patient. Aside from mechanical insults, the effect of poisons, and the consequences of starvation, outside agents were not readily acknowledged as possible producers of illness. This explains, for example, the storm of skepticism which greeted the first bacteriological discoveries, not only on the part of the laity, but also of many members of the medical profession. There seems to have been, if I may be allowed a bit of facetiousness, a "predisposition" among physicians, eager to avoid frustration from unsatisfied inquisitiveness about external sources, to stifle their uneasiness by a handy reference to predisposition, constitution, innateness, idio-

pathy, endogenous factors, degeneracy of the Lombroso-Nordau vintage, insufficient ego strength, and the like. It is perhaps because of this that until not too long ago most medical research was directed toward the inner workings of man, with the hope of detecting all needed clues in tissue structure and organ function alone. Viewed from this angle, a straight line can be drawn from the four humors of Hippocrates all the way to the sovereign cell-state of Rudolf Virchow and, beyond, to the tendency, which is just now making its appearance, to reduce psychiatry to something in the nature of a subdivision of biochemistry. We are less than half a century removed from the time when the proclamation of infected foci as the causes of cardiac, renal, and mental illness meant to turn psychiatry and much of internal medicine over to the dentist and the surgeon—a form of exorcism more in line with contemporary culture than the expulsion of a demon. (A noted surgeon went about the country bent on "curing" psychotic patients by resecting parts of the colon; Dr. Adolf Meyer quipped: "All he accomplishes is the change of colons to semicolons.") Add to this the persistent efforts to find the complete answer in the central nervous system and the popularized enthronement, in the teens of this century, of the endocrines as "the glands of destiny" or "the glands regulating personality," and you have the whole gamut of the so-called organicist orientations. Their common denominator is the insistence on seeing the individual as a sort of combination of engine and driver, the quality and direction of driving dependent entirely on the condition of parts of the engine.

This type of orientation had no need for any contact with psychology, especially the kind of early day psychology which, as a division of philosophy, spent itself in armchair speculations about a ready-made soul and its generic attributes. The psyche, the vital spark, the anima, the entelechy was something to think and talk about, but not accessible to study in its individual, concrete, everyday manifestations. There it was, installed in each member of the species as a host, a guest, an epiphenomenological emanation, a psychophysical parallel, or whatnot.

Since both organicist psychiatry and meditative psychology, in widely separated quarters to be sure, centered their interests on what impressed them as ontologic existences, it is not in the least surprising that the thought of a possible evolution of personality did not occur to either of them. Indeed, it was not until the end of the nineteenth century that psychologists and psychiatrists began to turn their attention to the developmental aspects of personality. The genius of Freud, years before any one child had been investigated analytically, launched upon a study of the step-by-step progression, from the moment of birth, of unconscious urges and needs and their pathological deviations. Binet worked out a practical method of measuring learning ability as an expression of individual readiness for scholastic performance at different ages. Piaget made inquiries about the progress of conceptual functioning of children. William Stern, David Katz, Karl and Charlotte Bühler—to name but a few of the outstanding child psychologists—contributed much to the understanding of infantile thinking, feeling, and acting in the successive stages of growth. The sum total of these studies elevated the new branch of developmental psychology to the status of a strong, active, many faceted scientific discipline.

Though there were essential differences in the orientations of the various investigators, their studies had one fundamental starting point in common. They all limited their interest to forces and processes *within* the developing individual. Without especially intending to do so, they gave one the feeling that a child was to be looked upon as a bundle of centrifugal drives which attempt to adapt themselves to, or coordinate with, a diffuse surrounding mass, called the environment. The environment was regarded as a given reality. The examination of a child was directed principally toward the manner in which his carefully analyzed personality structure manages to establish and maintain its particular type of contact with a more or less differentiated welter of people, things, and events. Not unlike Ibsen's Peer Gynt, the child was pictured as standing before something reminiscent of the nondescript, amorphous Boyg and mustering his forces to slash his way through it or wind his way around it.

It is perhaps not altogether insignificant that the early literature on childhood development kept speaking of a child's *Seelenleben*. The term is featured in the titles and texts of two historically important publications, one by the analyst Hug-Hellmuth and one by the non-analyst Groos, both of which appeared in 1913. In an era in which science struggled for the adoption of a monistic outlook, there was still a need for a dualistic vocabulary to which its users affixed, willy-nilly, some of its supposedly outmoded connotations. This sort of dilemma, carried over to this day in the semantically indefensible term "psychosomatic," as applied to personalized medicine, is recognized by all clear-thinking analysts who regretfully see the beautifully chosen Freudian allegories manipulated by some as if they were anthropomorphized realities. Tradition made it difficult for many sons and daughters of the fin-de-siècle to emancipate themselves fully from the notion of an independent soul or one impishly hobnobbing with a somatic partner. If we but learn all there is to be learned about the evolution of the infantile soul, then all the questions about its reaching out into the world will be answered. All we have to do, according to this thesis, is to understand the directions and the impelling goals of its centrifugal pseudopodia.

Nobody has, of course, completely disregarded the setting in which a child develops. A total disregard would be practically, and even theoretically, impossible. One may perhaps compare the described attitude to that of a chemist who is interested in a certain metal. The chemist knows that there is a definite mutuality in the metal's chemical affinity to other elements. He knows that it is the temperature of the immediate environment which causes the metal to melt. But, for his purposes, affinity, valence, and melting point become absolute attributes of the metal.

Early developmental psychology interested itself in the child's environment to the extent to which our chemist is concerned with the environment of his metal. Cultural pressures and episodic psychic traumata were conceived as realities and occurrences to which a child reacts on the basis of partly universal and ubiquitous, species-determined mechanisms and partly specific, innate, instinctual, constitutional, biologically preordained impulses.

Any criticism of this emphasis on the centrifugal forces within the child must be tempered by two reflections.

For one thing, this orientation was representative of the general trend of the times yet, within the set framework, achieved a wholesome departure from a static way of viewing human behavior. Secondly, the work *did* provide new and important insights into the development of the inner forces and motives determining a child's reactions to his environment.

I should like to submit the suggestion that, from a historical perspective, the curiosities and studies mentioned thus far be regarded as the first of three phases of developmental psychology. They ushered in a breathtakingly novel era of watching, recording, measuring, and comparing the gradual unfolding of the behavioral aspects of individual personalities in the making. It was replete with the pioneering introduction of new avenues of scientific research. If we remember that children had previously been neither seen nor heard by those who thought and wrote about them, that abstract speculations had been the order of the day without reference to any data of observation, that Freud had his theory of infantile sexuality all set up before he dealt with any one child professionally, then we are entitled to marvel at the sudden spurt of earnest endeavor which, in the first decade of our century, took place simultaneously all over Central and Western Europe.

But novelty has a way of wearing off. After about two decades, the first phase of developmental psychology seems to have run its course. Little could be added to the new discoveries and methods beyond refining, modifying, and augmentic psychometric tests, going into details of motor, linguistic, perceptual, and conceptual development, and furnishing further case material derived from the application of psychoanalytic principles. The sowing and planting had been done, and nothing seemed to be left but the job of eternal harvesting.

However, developmental psychology could not long remain unaware of another series of discoveries which had revolutionized and expanded medical thought and practice.

The advent of bacteriology had done away with the vague notion of an indiscriminate miasma as an implied environmental source of illness and gone about systematically to identify specific microorganisms which produced characteristic forms of disease; if you wanted to know, cure, and learn to prevent an infection, you were obliged to study the properties of the invader, its mode of propagation, its habitat, its path of entry, its behavior inside the victim, and the means which might destroy or reduce its pathogenicity.

In a like manner, generalized and often fanciful notions about nutrition had given way to a detailed consideration of the role of specific food stuffs in health and disease. The introduction of the concept of vitamins by Funk in 1911 inaugurated an appreciation of the need to investigate the impact of certain chemical substances on the well-being of the human organism.

Here, then, was the concrete demonstration of two major areas of regard for centripetal factors of enormous importance, leading to the abandonment of the hitherto almost exclusive consideration of goings-on within the human body with, at best, lip service given to whatever was spoken of as the milieu. To this was added the observation that under certain circumstances a person's behavior could be influenced by what another person induced him to do in a hypnotic session. Furthermore, Pavlov's classical investigations

showed how certain physiologic processes, such as salivation and gastric secretion, could be excited or inhibited by the experimenter's devices.

When and in what manner did this relatively recent curiosity about the nature and consequences of centripetal influences find its way into psychiatry?

Kraepelin's monumental work, published in the last decade of the nineteenth century, gave a brilliant, scientifically impeccable account of mental diseases, ingeniously organized, offering for the first time a well-guided tour of a realm never adequately charted before. In his schema, every disease had its own existence, and the search for etiology took the form of speculative digging in the substratum and coming up with the assumption of internal causes only, such as auto-intoxication or innate biologic predestination. Freud's no less ingenious system, made generally known about a decade later, found it necessary to fall back on instinctivistic explanations which alone seemed to him to furnish a clue to variations of psychosexual development.

It has always been a bit of a puzzle to me how Freud, who was exceptionally well versed in the literary productions of all ages and used some of them so deftly to illustrate and typify his theories, could overlook a most significant movement which took place in mid-nineteenth century fiction. It was then that Friedrich Hebbel, the noted German playwright, author of *Die Nibelungen* which supplied Richard Wagner with the material for his *Ring* opera, was instrumental in changing the complexion of the drama. He had no patience with the traditional construction of plots as arising from the confrontation of a hero and a villain who were inherently good and bad, respectively, because destiny had decreed them to be that way. He built his tragedies, instead, around conflicts originating from people's attitudes toward each other. One of his followers declared categorically that, were he to write a dramaturgic Bible, he would start it with the words: "In the beginning was the *setting.*" A number of novelists adopted a similar trend. Samuel Butler's *The Way of All Flesh* and Gottfried Keller's autobiographic *Der Grüne Heinrich,* innocent of any typologic or instinctivistic erudition, are undisputed masterpieces of what we would now acknowledge as good psychiatric understanding.

Freud, it is true, was among the first to appreciate the importance of the setting, or theme, the emergence of a behavior item or action tendency from a complexly integrated set of experiences and their meaning to the experiencing individual. He could show how the early "family drama" was a theme which had a profound significance throughout a person's life, influencing his ambitions, identifications, choice of a mate, and even the content of his dreams. But the setting, as seen by Freud, might perhaps be compared to the recording of a more or less harmonious symphony created by an unknown composer, directed by an unknown orchestra leader, and played by unknown musicians; his concern, however sympathetically and understandingly attuned, was centered primarily around the material of which the recording disc was made "constitutionally." How else can we reconcile ourselves to the fact that, in the case of the now almost legendary *kleine Hans,* all difficulties were seen as deriving entirely from inner instincts and symbols and not in any way correlated with the effects which his highly neurotic mother must have had on his emotional status?

The students of childhood development, especially on this continent, became restive at long last and began to wonder whether what parents did to their offspring might be as significant for their emotional growth as the assumed instinctual drives. Was the environment really nothing more than just something that a developing child reacted to on the basis of built-in instincts? Was it indeed merely a recipient of centrifugal pseudopodia? Was it not possible that there were forces outside the child which might *actively* enhance and impede and direct and redirect his personality development?

The revolt against the overstressing of centrifugal factors caused some to push the pendulum impatiently all the way in the opposite direction. The behaviorists decreed them dictatorially out of existence and went away happy, with a lusty war cry, on the path of declaring the supremacy of a conditioning, habituating environment. Watson issued this proclamation: "Give me a dozen healthy infants, well formed, and my own specified world to bring them up in and I'll guarantee to take any one at random and train him to become any type of specialist I might select—doctor, lawyer, artist, merchant, chief, and *yes,* even beggarman and thief, regardless of his talents, peculiarities, tendencies, abilities, vocations, and race of his ancestors."

This strange interlude did not last long. A less impassioned, though not less determined, search made it seem increasingly worthwhile to investigate influences which came to be known as attitudes of other people toward oneself and which became the object of clinical and experimental scrutiny. The curiosity about attitudes and their role in personality development, begun during the third decade of the present century, ushered in the second phase of developmental psychology, which evolved its own methods of research and, largely under the auspices of the newly established child-guidance clinics, led to a modification of practices in dealing with the families of troubled children. Psychiatry finally caught up with the writers of fiction and—one is tempted to say—with the man-in-the-street who, no matter how erudite or untutored, had known right along that it made a difference to him how his relatives and neighbors felt about him and how they treated him.

The kinds of alternatives which may arise from attitudinal influences are essentially the same as those arising from the other centripetal inroads known to medicine. A major part of medical concern is made up of the acquaintance with sets of agents which in some forms are indispensable for adequate growth and health, under other circumstances are detrimental, and under still other conditions are remedial. Chemical agents, to use but one example, are of vital importance as nutrients, pathogenic as toxins, and restorative as pharmaceutical products. Similarly, attitudes have been found to be potentially health-giving, damaging, or therapeutic in the emotional sphere, depending on the form in which they are offered to the developing child.

As a result of the work done in the past three decades, we are now in a position to distinguish between helpful and noxious attitudes which act on the nascent personality as powerful centripetal character-shaping forces. It is possible to say that, just as there are theoretically ideal standards of nutrition and other hygienic safeguards, so is there also an ideal attitudinal constellation which gives promise of healthy personality development. It can be for-

mulated briefly as consisting of the three A's of affection, acceptance, and approval. Any child, regardless of physical condition and intelligence quotient, who has cause to sense, "They (my parents) like me, they want me, they think I am all right," has a better chance to be comfortable than one with the same state of bodily health and the same intellectual endowment who cannot experience himself as liked, wanted, and approved as he is.

Accumulated clinical experience with children and biographic studies of adults have furnished sufficient empirical material to prove that the developing personality responds sensitively to specific features of the attitudinal environment. It is possible to sort out a variety of response patterns anchored in the parents' type of emotional investment in a child.

At the risk of oversimplification, it may be said that outright neglect and open hostility imbue a child with the impression that his world is a battlefield in which he must fight off a host of enemies. Having encountered no consideration of his own feelings, he does not have a chance to consider the feelings of others. Selfish retaliation becomes a defense which takes the form of aggressive self-assertion. This is how many delinquents, psychopaths, and demagogues have begun their careers.

Parental perfectionism is apt to deprive a child of the opportunity to develop an identity of his own. He is there to turn himself into a machine-like creature who, to gain the coveted approval, must function with clockwork precision. Some youngsters try to do just that. If they succeed, they may grow up to be perfectionists themselves. Their upbringing has pushed them into a state of mind which makes it imperative for them to prove their worth to the world as they have tried to prove it at home. For a perfectionist is basically a defendant in the large courthouse he considers the world to be and, to assure the flawlessness of everything for which he believes himself responsible, he keeps jumping from the defendant's seat onto the judge's bench. If he is less successful, it may occur to him that it is not given to human beings to attain perfection in every sphere of living, and he may choose to specialize in perfection. This leads to the adoption of self-imposed rituals and the evolution of an obsessive-compulsive neurosis.

There are others who give up the struggle at an early age. When the frustrations resulting from the felt lack of appreciation make reality appear too distressing, any temptation to get away from it may seem to offer welcome relief. One of the great avenues of human creativeness, the gift of fantasy, is seized upon, not as a wholesome beautifier and emotional balancer which it can be, but as a means of escaping from unbearable pressures. It is so inviting to settle down in a realm in which the child, instead of being pushed around by carping critics and punishers, has it in his power to arrange things to suit himself, to be the prime mover, to ensconce himself in the pleasantly warm bath supplied by the limitless flow of his daydreams.

Then there are those who put up a fight for the right to their identity. Instead of surrendering and withdrawing, they are in constant rebellion. They, courageous little insurgents, far from getting recognition for being miniature replicas of Prometheus, are condemned by the elders, who see in the behavioral nuisances an added proof of their original appraisal of the child as one in need of being made over com-

pletely. Unless the source of the rebellion is understood and altered, the vultures of censure from the adults and of the child's own remorse keep hacking away at the modern little Prometheus' liver.

Parental overprotection has this in common with parental perfectionism that it also interferes chronically with the unfolding of spontaneity. The over-protected child is smothered beneath heavy blankets of oversolicitude; whatever degree of selfness tries to emerge is asphyxiated by frantically agitated adults who all but eat, sleep, and defecate for the child. Since the child has no opportunity to try out his own decision, even in the most trifling matters, any development of self-dependence is nipped in the bud. As a result, he is pushed into a condition which makes it necessary for him to lean on others. At best, he grows up to be a henpecked husband or, if a girl, the clinging-vine type of wife.

This is admittedly an oversimplified summary of pathogenic parental attitudes and their consequences. It does not take care of the complications growing out of the fact that in the same family there may be one parent who rejects and another who overprotects. It does not take care of sibling relationships in reference to the competition for parental approval. Nor does it consider the effects of remedial attitudes of fond relatives or of an Aunt Jemima kind of nurse who may help to undo at least some of the untoward results of pathogenic parental attitudes.

Noxious parental attitudes are, of course, not manifestations of villainy. They are expressions of emotional needs which have in a considerable measure originated from attitudinal influences on the parents' own personality development. We thus have a continuous chain of centripetal motivational forces which, without having to be relegated to genes, instincts, cerebral pathology, or biochemistry alone, exert their power from generation to generation in an extended version of the "family drama."

Nor do they have to be relegated to the tilt with a sort of culture which in the nineteenth century was interpreted as a static, inflexible existence that made of each newborn infant an antagonist equipped with the selfsame instinctual arsenal. Fromm-Reichmann rendered yeoman service to the advancement of psychoanalysis when, investigating the allegedly species-determined Oedipus complex from an anthropologic and clinical point of view, she concluded that a child's resentment is not directed toward the parent of the same sex but toward the more dominant and, therefore, potentially more frustrating parent. She wrote: "The boys' hatred of their fathers need not be directed toward the domination of a father who is the boys' sexual rival, but may be directed against the domination of a father who is the boy's rival and adversary by virtue of the power and authority the European patriarchal society grants him. In *this* country (U.S.A.) the boy may develop the same kind of competitive fear and hatred of his domineering mother. The psychological and social role of the mother is not fixed but changes according to various historical periods, countries and cultures" (and, one might add, individual family settings). Here we have, within the psychoanalytic framework, a definite shift from the assumption of a relationship based on a built-in centrifugal trait to the recognition of a relationship emerging from the reaction to centripetal parental attitudes.

Thus the second phase of develop-

mental psychology did justice to a thitherto neglected area of investigation —that of the role of attitudinal contributions to personality formation. New ideas, however, are known to have a habit of trying to establish monopolies. The new insights tended to shove the respect for the previously overemphasized innate factors too much into the background, albeit not to the point of behavioristic annihilation. But a stage was reached when some groups virtually kept the problems connected with cerebrogenic and metabolic disorders and with reproductive casualties from their doors as alien to the concerns of child psychiatry. There was a cleavage between those who acknowledged nothing but centrifugal factors and those who either disregarded them altogether or cavalierly left any consideration of them out of their own bailiwicks. This has created much confusion, particularly in the ancillary professions; many of us are familiar with the pathetic plight of parents who are advised by some that their offspring's difficulty is anchored in what is glibly called "brain damage" and told by others that the same youngster suffers, instead, from an "emotional block" as a result of an attitudinally determined psychic trauma.

Sporadic efforts to undo this cleavage have gone on for a long time. Adolf Meyer advocated a pluralistic and relativistic orientation which, impatient with any either-or type of isolationism or (as he expressed it) "exclusive salvationism," looked for the cohesion and interdependence of both centrifugal and centripetal factors in the "mentally integrated" individual. The founders of gestalt psychology could show experimentally in the 1920's that the arbitrary bracketing out of any selected aspect of behavior affords an inadequate representation of the total experience and performance, learned to see parts in their dynamic relation to wholes, and recognized the emergence and evolution of parts as being subservient to the whole. The whole, the totality, the "gestalt," presents itself as an indivisible unit in which the internal and the external environment cannot be dealt with as independent of each other.

It is this concept of integration that has begun to trickle through to the study of personality formation, thus setting the stage for the third phase of developmental psychology. Undoubtedly, the various somatic, intrapsychic, and interpersonal integrants call for a diversity of investigative procedures. Undoubtedly, it is not possible—nor is it wise—to try to translate any one type of methodology into terms of another type of methodology. The geneticist, for example, has for his immediate purpose no occasion to administer the Thematic Apperception Test, nor is the sociologist under obligation to be expertly familiar with the intricacies of the central nervous system. But there has been of late a decided trend toward the awareness of the interrelation of the sciences which ceases disconnecting in theory that which interacts closely in the world of reality. Students of human behavior and human development have become impatient with monopolistic doctrines which see personality as the result of nothing but this or that single factor, be it centrifugal or centripetal. This impatience has led to a wholesome pluralistic orientation which tries to square itself with the variety of factors in personality development.

Two years ago, under the title, "Integrating the Approaches to Mental Disease," H. D. Kruse edited the proceedings of two conferences held under the auspices of the Committee on Public Health of the New York Academy

of Medicine. The participants discussed the organic, psychological, psychodynamic, and psychosocial positions on etiology, areas of acceptance and unacceptance, refutations, validations, cross-criticism, search for common ground, hope for a multi-disciplinary approach, etc. The book was intended for those "who wish to observe specialists attempting to design a plan for uniting different divisions into a joint enterprise." The nature of the divisions was described as provincialism, insular grouping, segmentation, fragmentation, isolation, and narrow vista.

The fact that people have decided to step out of their separate monastic enclosures and talk together about their common concern in the vastness of the cathedral is refreshing indeed. I hope, though, that in the next such conference someone might suggest the feasibility of looking for a person prepared to function as a practical integrator. I submit that it is the clinician who, in treating individual patients, comes more closely to this role than anyone else. Adolf Meyer has made a significant start. In the field of psychoanalysis, Karen Horney, in honor of whose memory this lecture has been sponsored, has paved the way, resolutely and courageously. Anthropologic insights, not as yet available to Freud, caused her to revise the notion of the ubiquity and biologic innateness of some of the impulses and complexes which Freud had seen at work in western European society toward the end of the Victorian era. She reformulated psychoanalysis in terms of personality development in which biology and culture, centrifugal and centripetal forces, do not merely collide but blend and fuse. She gave heed to the *mutuality* of early parent-child relationships, critical of the unilateral derivation of all problems from indwelling instincts of the child.

Modern psychoanalysis, as well as modern non-analytic child psychiatry, is definitely and, I believe, healthily at the threshold of the third phase in the study of personality development—namely, of the manner in which the centrifugal and centripetal forces interact and become fused and integrated. There is, after all, no controversy among epidemiologists about the legitimacy of investigating individual immunity and bacterial toxicity in relation to each other. This is a pattern of inquiry which psychiatry is beginning to find equally useful.

There are, it is true, a few—a very few—die-hards among the non-analysts who are preoccupied mainly with the hope of finding all the answers in organic etiology. There are also a few—a very few—psychoanalytic die-hards who are still engulfed in an orthodox scheme which leaves little room for the appreciation of centripetal impacts. But on the whole, the general trend goes in the direction of a study of the integration of internal and external forces. This calls for multidisciplinary, multidimensional research, with respect for the contributions emanating from all sources and with the clinician's aspiration to be an integrator rather than a repeater of any sort of catechistic doctrine. It is this kind of orientation which, as Dr. Horney said in her note to me, will continue to bring barriers down in a concerted and collaborative spirit of search for the truth.

KAREN HORNEY AWARD

ONTIC PERSPECTIVES IN PSYCHOANALYSIS

THOMAS HORA

MAN IS NOT ONLY a product of his family setting and his socio-cultural environment, but an existential phenomenon in terms of his unique characteristics among the living creatures in this world. Survival, growth, and fulfillment require man to adapt himself to his fellow man, his family, to social, cultural and economic conditions. However, beyond all this, he is inescapably faced with the task of adjusting to the fundamental Order of Things as well. It seems, therefore, desirable to bring about an integration of the psychodynamic and socio-dynamic perspectives into a broader existential viewpoint, based on the contributions of the schools of phenomenological anthropology and, particularly, ontology. These schools of thought illuminate the human being and his existence in an all-encompassing and deeply meaningful way. Among the many significant contributions, some have direct bearing on psychoanalytic practice, such as:

1. The nature of existential communication.

2. The significance of dialogue as an authentic response to one's fellow man.

3. The problems of estrangement, objectification, and existential anxiety.

4. The human condition as such.

5. The dynamics of freedom and responsibility.

6. The existential task and existential guilt.

7. The way to a religious orientation based on experiencing the transcendental.

8. The meaning of man's finitude as an ever-present and unsurmountable reality.

9. The role of values in the pursuit of human fulfillment.

10. Mental health in the light of ontology and phenomenologic anthropology.

In the psychoanalytic situation, as in all human encounters, patients appear not only as samples of various psychic mechanisms or disease entities, but, above and beyond that, as people with specific ways of experiencing life, specific ways of responding to stimuli coming to them from the environment, and specific ways of responding to deep stirrings of their inner potentialities, which demand realization within a *limited*

Thomas Hora, M.D., is Supervising Psychiatrist and Faculty Member at the Postgraduate Center for Psychotherapy; Adjunct Attending Psychiatrist and Supervisor of Group Psychotherapy at Hillside Hospital; and Instructor, Phenomenological Psychiatry, Rockland State Hospital. He was one of the representatives of American Existentialism at the International Congress of Psychotherapy in Barcelona, Spain, in September, 1958.

Dr. Hora is the first recipient of the Karen Horney Award, which is presented annually by the Association for the Advancement of Psychoanalysis. Dr. Hora received the Award on the occasion of the Seventh Annual Karen Horney Lecture at the New York Academy of Medicine on March 25, 1959.

but unknown time span. Human beings have specific ways of "being-in-this-world"[1]

It is the task of the analyst to perceive and comprehend the patient's specific mode of being-in-this-world, and, by helping him realize the implications, to enable him to make his own existential choices and decisions.

It should be noted that the analyst's task is described as that of perceiving and comprehending, and that the doctor-patient relationship is conceived as an "interhuman encounter" which broadly transcends the concepts of transference and counter-transference. These are important departures from the traditional techniques of probing for material in order to analyze and interpret psychic mechanisms and transference distortions, etc. This analytic process is based on existential communication,[2] which is characterized by experiential perceptiveness and authenticity of response on the part of the analyst. The patient participates similarly to an increasing degree in keeping with his progress.

It is through existential communication that the patient is helped to develop a capacity for dialogic relation[3] with the analyst and, through him, with others. Martin Buber's concept of dialogue has a fundamental relevance to mental health and the liberation of the creative potentials in the patient.

An important feature of the encounter experience is that if the therapist perceives the patient's mode of being correctly, this often leads to spontaneous emergence of associations and memories of dynamic import. For example: A married, heterosexual male patient starts his session with a detailed account of his homosexual temptations, fantasies, and masturbatory activities over the preceding weekend. The analyst remarks on the patient's manner of reporting as being labored and belabored and as if he were squeezing it out of himself.

In response to this, the patient remembers a dream which he had the previous night. He dreamed that he had a pimple on his face and was squeezing "a lot of corruption" out of it in front of the analyst. The analyst remarks that the patient seems to wish to impress him with his "corruption," almost as if in quest of solicitude.

This leads to a recollection of an incident from a group-therapy session in which the patient participated the previous week and in which the analyst made a chance remark to a female patient about her habit of causing herself pimples by massaging her face when embarrassed.

The revelation of the connection between the homosexual "tale" and the craving for similar consideration and solicitude causes the patient to blush in embarrassment. This shows up the strange contrast between *talking about* homosexuality and *experiencing* directly the *essence of his desire.* (As a side issue, the question may be asked as to what was really the nature of this patient's desire. Was the patient seeking a homosexual relationship with the analyst? Would he have similar cravings for solicitude if the analyst were a female? This patient happens to provide the answer to these questions because he was previously in analysis with a female analyst and experienced identical desires. It seems reasonable to deduce that what this patient craved and strived for was fundamentally a confirmation of his existence by the analyst, rather than sexual pleasure.)

Even dreams can be preferably dealt with as complex forms of communication and responded to primarily in

terms of their experiential impact upon the therapist, and only secondarily as to content. Interestingly enough, the proper experiential response to the manner in which a dream is related by the patient frequently illuminates the dynamic significance of both, the manifest and the latent contents of the dream. Associations and memory traces emerge spontaneously, so that these "free associations" are truly free inasmuch as they are non-intentional. For example, a patient relates the following dream:

"I was riding in a car. Someone else was driving. The car was careening from side to side and finally it smashed up. Then the scene shifted. I saw my mother open the elevator door. She stepped in but the elevator wasn't there; she fell in and got killed. I was standing by helplessly, unable to do anything."

The patient spoke in an agitated manner, with manifest anxiety and pressure of speech. Having told the dream, he immediately proceeded to interpret it in his own way. He repeatedly interfered with whatever remark the therapist attempted to make. Finally, the therapist brought to his attention the fact that he was afraid "to let the therapist get in a word edgewise" and that he sought to control the situation. In response to this remark, the patient suddenly remembered a detail of the dream that he had left untold—namely, that the car was careening because he was wrestling with the driver, wanting to take the wheel from him. There followed a flood of spontaneous recollections about his childhood relationship with his mother, about strivings for control over life and death, about coerciveness, and so forth.

Thus, while the manifest and latent contents of the dream refer to the history, the transference and the dynamics of the patient's illness, the experience of listening to the patient and *being with him* illuminates his mode of being-in-this-world, which, of course, includes his pathology as a part of the total picture. The proper comprehension of the present illuminates the past in a meaningful way. Thus, the existential approach does not need to utilize the free association technique and other standard methods of probing into the history of the patient. As a matter of fact, it is conceivable that an experienced and sensitive analyst could conduct a complete analysis without ever asking a single question of his patient. The asking of questions and probing by the analyst tends to introduce a certain intentionality into the relationship. This intentionality interferes with the spontaneous unfolding of the creative forces. This is the reason for the seemingly paradoxical truth that the less one seeks to explore, the more one finds. The encounter is a form of human relatedness, a mutual stimulation in which the creative potentialities of the participants find free expression. Furthermore, there are significant ethical considerations involved in this, since respect for personal freedom and integrity are considered essential elements of the healing process.

This means that freedom becomes a crucial aspect of existential analysis. Here the function of the analyst is not to "cure" the patient, or to analyze him, or to take him apart, or put him together, but *to be with him*—that is, to participate in his existence in such a way that "all that is should reveal itself in the essence of its Being" (Heidegger). The analyst communicates his subjectively perceived experiences and reflects on the meanings of what he perceives, leaving it up to the patient to

accept or reject his remarks. We are reminded here of Sartre's statement that it is absolutely impossible to prove that a cure has ever cured a patient.

The analyst must even respect the patient's *freedom to remain sick*. The choice is always with the patient. This point needs to be emphasized because it touches upon the ontologic meaning and the dynamic significance of freedom in man's life. The *human condition*, as such, is characterized by the fact that man is cast into this world and removed from it by forces beyond his control and, therefore, beyond his responsibility. Yet for the duration of his life he is charged with the task of making the best of his given potentialities. From an ontologic standpoint man has two fundamental freedoms which are his unalienable rights and which underlie his basic human dignity. These are the freedom to realize his potentialities, and the freedom to choose not to realize them. However, if a person fails to fulfill his given potentialities, he experiences *existential guilt*. Karen Horney spoke of the "core of man's being" and of the "need for self-realization" as an essential aspect of man's nature.

It appears to be of great importance that the patient be given the opportunity to experience this ontic freedom so that he may assume the responsibility of deciding to accept his existential task out of his own free will. This experience contributes greatly to a release from the ubiquitous feelings of inferiority and leads to a sense of personal dignity. Moreover, this freedom of choice and responsibility of decision opens the door to a personal contact with transcendental aspects of human experience which can lead a patient to rediscover religion in its pre-theological sense and thus find the Mystery of Being, or the Metaphysical Ground of existence personally meaningful.

One of the great predicaments of modern man is the strange fact that his conceptual or abstract thinking is often dissociated from his experiential perceptiveness to such an extent that his reasoning power may actually hamper his capacities to experience and perceive. A so-called "open mind" is difficult to attain because it entails the capacity for a temporary suspension of intentional reasoning in favor of heightened experiential perceptivity. This predicament manifests itself in a prevalence of the phenomena of self-alienation and estrangement and a tendency toward unauthenticity in everyday social intercourse. This, in turn, leads to misunderstandings, to human conflicts, and a lack of meaningful interhuman communication. For instance, someone may categorically disagree or negate a statement of a person and yet proceed to make essentially the same statement, using other words, thus giving evidence to the fact that he was unable really to hear what the other person was saying.

Martin Buber seeks to remedy this problem when he speaks of entering through the "Gates of Dread" and relaxing into a "Holy Insecurity" in the process of meeting our fellow man with an open mind and a receptive heart, so as to respond in a genuine, dialogic way. In fact, he implies that we tend to use conceptual thinking in a defensive way, which blocks our perceptivity and creative responsiveness.

Another obstacle to the "open mind" is the propensity of man to cling to the past and be unduly preoccupied with the future. Consequently, his capacity to experience the present and respond to it is greatly curtailed—somewhat like the man who reads the morning

paper and listens to the radio while having breakfast.

Modern man further creates for himself a paradoxical predicament in what could be called "the dilemma of planned experiencing." By living according to the Cartesian principle, "cogito, ergo sum," man seeks to experience his thoughts. He plans in his mind the experiences which are to come to him. This is a reversal of the natural order of things. For under normal circumstances thought evolves from sensory perception and experience.

By putting thought before perception man, of necessity, falsifies reality and blocks it from reaching him in its full scope. As a consequence, he finds himself in a state of hunger for experiences which he tries to attain through ever-increasing efforts at feeling what he thinks he would like to feel or should feel.

One of the examples of such a dilemma is a statement by a patient who, after several years of psychoanalytic treatment, said: "I must feel hostility toward people who smoke, because I keep losing matches." Another example is the man who wishes to have sexual intercourse and has all the details planned in his mind, and in the midst of his great anticipation finds himself impotent.

The blunting of the capacity to experience can conceivably lead to such affective impoverishment and hunger that it may cause man to resort to violent means of providing himself with the craved-for experiences. This may be an important aspect of sadism, masochism, and even criminal acting-out.

The existential encounter or meeting enables the analyst to understand his patient in a transjective (Weiszaeker) manner. This means that the analyst perceives not only what the patient is saying, but also what he is "not saying." As a result, he can respond in such a way as to bring about an integration or unification of the cleavage in the patient's consciousness. Being thus understood and responded to, the patient discovers that what he is saying and what he is communicating (nonverbally) are often at variance with each other, and that the greater the cleavage the sicker he is. He discovers that language can be a two-way door, leading either into self-estrangement or authenticity, according to how he uses it.

Patients further discover that most of the time they do not speak for the purpose of communicating, but that they use language as a means of acting-out some of their needs and gratifying some of their cravings. So, for instance, language may be used for showing off, drawing attention to oneself, preventing someone else from talking, creating a certain effect or causing a certain reaction, inducing someone to do something or give something, and so on. One of the more pathogenic uses of language occurs when the words express demands which are contradictory to demands communicated nonverbally. For instance, a patient may say, "Please, doctor, tell me what should I do?" At the same time he may communicate nonverbally: "Don't you dare tell me anything!" Or a parent may demand that the child be law-abiding, a liberal-minded citizen, yet at the same time he may communicate through his attitudes contempt for law and intolerance of his fellow man. Or a mother may demand that her child be affectionate toward her, while her attitude expresses a dread of closeness. Or the other way around: a father may preach strict morality to his daughter, while actually he is behaving seductively toward her. These so-called "double bind" modes

of unauthenticity are often encountered in parents of schizophrenic patients,[4] and practically always in patients with manifest schizophrenic illness.[5] In discussion groups we at times encounter a person who gets up to ask a question which, however, turns into a statement serving to exhibit intellectual brilliance or the desire to prevent others from talking. In other words, language is here in the service of a striving for prestige and power.

One patient expressed his dilemma this way: "It seems to me that the most difficult thing is to talk in such a way as to really say something. . . ."

The problem of authenticity of expression points to the role of *human values* in health and disease. Somewhat like the facticity of the human condition, human values, too, are mostly imposed upon man in his formative years by the environment. Man may not be responsible for having acquired wrong values, yet he is responsible and suffers the consequences if he keeps them. It is his task to change his wrong values, adopt healthy ones, and thus extricate himself from his diseased modes of existence.

Authenticity of being and speaking entails a capacity to *endure silence.* People in general and patients in particular find it difficult to remain silent when in a group or in the presence of another person. One patient expressed himself on this score in the following way: "People talk to hear themselves be heard." He meant to say: "People talk to hear themselves talk." His slip, however, is meaningful because it touches upon the reason why silence is painful. True silence, which is devoid of nonverbal communication and other stimuli, is called by Heidegger "speechless silence." According to him, speechless silence opens up the *dread of nothingness.* That is, in speechless silence we are experiencing *existential anxiety.* This anxiety creates a need to have our existence confirmed by our fellow man. Thus, we are driven to reach out with our voices and experience a connection through being heard by another person. Language here serves the purpose of relieving anxiety.

Another way of finding relief from existential anxiety is to become preoccupied with the world of objects or to *objectify people*—that is, to use people as objects to be mastered, explored, controlled, manipulated. Such objectification of people can have serious effects in terms of dehumanizing the person to the point where he loses the capacity to experience compassion for his fellow man. One patient said to her friend: "When you look at me, I feel like an automobile engine in need of repair." Such robotization of the human spirit may very well underlie some of the sad phenomena of our present day juvenile delinquency and the shocking instances of insensitivity to human suffering.

Objectification inevitably leads to conflict and generates resentment in those subjected to it. Thus, patients seeking relief from existential anxiety find themselves confronted with anxieties connected with transgressing against their fellow man with unauthentic use of language and dehumanizing objectification. These anxieties form the basis of the neurotic anxieties, which phenomenologically represent a disharmony between thought, experience, and striving within the individual.

Man is revealed to us here as buffeted between his need to escape from existential anxiety and his need to avoid neurotic anxiety. What balance he strikes, or how he goes about coping with his human predicament, is quite specific to every individual and consti-

tutes an important aspect of his special mode of being-in-this-world. This mode of being-in-this-world includes all possible mechanisms of defense, diagnostic categories, or nosologic entities of psychopathology as a part of general adaptation to life.

One patient, a successful businessman suffering from coronary heart disease and high blood pressure, expressed himself the following way: "I know that my life is a 'rat race' and it is killing me, but I am afraid to stop because I might become a Nothing, or Nobody, and die. It looks like fear of death is driving me to commit suicide."

Periods of speechless silence experienced in the course of existential analysis at times can be so painful that some patients may experience dizziness and fleeting reactions of depersonalization and derealization. The dread of Nothingness appears to be related to the phenomena which occur in man when exposed to perceptual isolation.[6]

Heidegger points to the fact that the experience of coming face to face with Nothingness reveals to man in a more meaningful way all that is.

This leads us to an understanding of the dynamic implications inherent in the fact that the experience of *freedom to be sick* can contribute to a decision to want to be well; that the *courage to face death* and the acceptance of its inevitability lead to a heightened appreciation of life, that the capacity to *endure silence* can lead a person into authenticity in his verbal expression; that the *experience of estrangement* from oneself and from others can lead to a desire for meaningful communion with one's fellow man; that the *Satori experience* can bring the Zen adept into better contact with the realities of the physical world by revealing to him the metaphysical ground of existence.

The solution to man's existential dilemma is conceived by Sartre[7] in a deliberate, naked facing of death, stripped of all illusions. Tillich[8] emphasizes the courage to Be. Heidegger[9] speaks of an authentic way of "Being-toward-one's-death" as an inescapable potentiality which must be endured and accepted in order that all other potentialities of one's existence could be disclosed and realized. Erich Fromm[10] sees the solution in man's capacity to transcend himself in the act of love, and Gabriel Marcel[11] in religion. Martin Buber[12] points to the dialogic nature of man and seeks the way to fulfillment in a real meeting between man and man.

While all these appear on the surface as divergent solutions, fundamentally they have much in common. Namely, they all seek to enable man to fulfill his inner potentialities through coming to grips with the given aspects of the human condition. All these schools of thought aspire to help man cope with his existential anxiety and find meaning in life by enabling him to live more authentically.

From what has been said until now, it is evident that the main objective of existential analysis is the attainment of authenticity of being as a prerequisite for a dialogic, creative, and responsive mode of being-in-this-world. This objective is attained through a process of "affirmative togetherness" (Binswanger) in the spirit of Heidegger's "letting be," which in turn is reminiscent of Albert Schweitzer's "Reverence for Life."[13]

Heidegger speaks of "letting be" as a mode of participating in a relationship in such a way that "all that is could reveal itself in the essence of its being." The essence of a being is his true self. Truth can only reveal itself under conditions of freedom. Freedom is letting be; therefore, the essence of truth is

freedom. Essence is the inner potentiality of something existing.

The concept of "letting be" means affirmation of the existence of another person. It connotes an attitude which favors the free emergence of the inherent creative potentialities of all. "Letting be" expresses a therapeutic attitude of the highest ethical order, inasmuch as it refrains from treating the patient as an object of exploration and manipulation, but it relates itself to the patient as an *existent* in an affirmative and perceptive way. Affirmation of a person's freedom to be what he is is an act of love. Love is reverence. Being with a person in the spirit of "letting be" makes it possible to comprehend this person in a transjective[14]—i.e., experiential—way. The experience of being understood under such conditions is therapeutically beneficial in itself, for it is a transcendental experience.

From the practical standpoint of analysis, we can say that the process revolves around a gradual renunciation of all acting-out needs, leading the patient to an increased capacity to experience and to relate to people not as objects but as existents, being together and communicating with them in an integrated manner. Communication is to be elevated to the highest possible plane, where messages are submitted to free consideration rather than used to influence, or coerce, or mislead the recipient. *Freedom to be what one is,* in contrast to freedom to do something to someone, becomes an important value consideration in this process.

In the existential analytic approach, the focus is on experiential comprehension of the *total patient* as a being in-this-world who is in the process of realizing, or failing to realize, his existential task. One patient expressed it in the following way: "In my previous analysis, I used to talk *about* my problems. Now, my problems talk from me. Before, I used to *have* problems, now, *I am* my problems."

The change to authenticity of being is characterized above all by truthfulness of expression, responsiveness, reverence for life, respect for freedom and integrity of all, increased perceptivity, and creativity of thinking.

Through the attainment of authenticity of being, existential analysis resolves the patient's isolatedness and self-alienation. It enables him to transcend himself in the existential meeting, which is a mode of relatedness described by Buber as "mutual spiritual inclusion," and by Gabriel Marcel as "intersubjectivity." This type of "dialogic existence constitutes the foundation of our concept of mental health, which is thus defined as *a condition of human existence which finds expression and meaning in a capacity of the individual to fulfill his potentialities through genuine, reciprocal, and affirmative interaction with his fellow man.*[15]

It is possible to conceive of man's relationship to the air around him as a biologic and ontologic prototype of all his other relationships. The principle being the unencumbered, effortless coming and going of air into his lungs in complete freedom and in harmony with the fundamental nature of his being, as manifested in his very life.

It appears that man is placed in a reverent relationship to air. He loves it, he must love it, he needs it, he craves it and yet he must *let it* come and go freely. Any kind of grasping, holding, clinging, or controlling of it leads to disturbances experienced in the very core of his existence. Just as air is immanent and transcendent to man, so man is intimately related to all things and beings of this world. His proprio-

ceptive and exteroceptive equipment make it possible for him to perceive and experience the outside world within himself and project his inside world unto the outside in a creative fashion. Thus, giving form and expression to his *identity* and *unity* with the world around him. Man is simultaneously *apart* and yet *part* of the total Scheme of Things.

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KURT GOLDSTEIN AND HIS CONCEPT OF HUMAN NATURE

FREDERICK A. WEISS

IF YOU WANT *to stride into the Infinite, move but within the Finite in all directions.* "These words of Goethe,"[1] Kurt Goldstein said ten years ago, on his seventieth birthday, "have been guiding me all my life." They describe well the steadily widening horizon of his life and work.

Kurt Goldstein was born in Katowice, a small city in Upper Silesia, now a part of Poland. He gained his medical degree from the University of Breslau in 1903. His doctorate thesis was on the structure of the posterior columns of the spinal cord. He was working in the laboratory of the well-known neurologist, Professor Foerster. Chairman of the department was Professor Wernicke, the pioneer in the field of aphasia. Goldstein's approach to the whole problem of language later became quite different, but Wernicke's conviction that neurology and psychiatry form one inseparable unit prevailed in his thinking. In 1904, he became assistant to Professor Edinger at the Neurological Institute in Frankfurt. The next ten years saw him in the Department of Psychiatry at the University of Freiburg, as assistant to Professor Hoche; working with Professor Oppenheim in the Neurologic Polyclinic in Berlin, and as *Privatdozent* at the University of Koenigsberg. It was here that Frieda Fromm-Reichmann met him, to follow him later back to Frankfurt—an encounter which proved highly fruitful for the development of psychoanalysis, particularly for the therapy of schizophrenics.

In 1914 he returned to Frankfurt as the successor to Professor Edinger, his former teacher, and became Professor of Neurology and Psychiatry in Frankfurt and Director of the Neurological Institute there. During the first World War he became the Director of the Military Hospital for brain-injured soldiers, which later became the "Institute for Research on the After-effects of Brain Injuries."

Here I met him first. I see it as characteristic of Kurt Goldstein's life-affirmative coming to terms with the world and the medical science around him that it was just the facing of the inhuman and destructive effects of the gigantic, catastrophic reaction experienced in the first World War which mobilized his constructive efforts to

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Frederick A. Weiss, M.D., a practicing psychoanalyst who received his degree from the University of Berlin in 1926, is President of the Association for the Advancement of Psychoanalysis. He is a fellow of the American Psychiatric Association, a charter member of the Academy of Psychoanalysis, and on the faculty of the American Institute for Psychoanalysis.

These papers were delivered at a regular meeting of the Association for the Advancement of Psychoanalysis in honor of Kurt Goldstein's eightieth birthday, at the New York Academy of Medicine on October 22, 1958.

reach a true, integrated view of human nature. And it was definitely significant that his first work focused on the brain, which after earlier holistic concepts had become replaced by mechanistic, dualistic thinking, was seen as the point where the so-called body met with the so-called mind.

The great technical progress of medicine in the second half of the nineteenth century, with its over-emphasis on the newly discovered cellular pathology and on localization and specialization, had unwittingly fostered a trend toward isolating single parts from the whole of the body and deepened the split between the psychic and the somatic, thereby contributing to a maximal fragmentation of the image of man.

Pride in the many new anatomic and physiologic discoveries, particularly those dealing with localization in the brain had made physicians forget Socrates' 2000-year-old warning: "Just as you ought not to attempt to cure eyes without head or head without body, so you should not treat body without soul." Aristotle had taught: "Mind and body cannot be distinguished." And Goethe had said only, about 100 years earlier: "How can we understand the parts of an organized being and its functions, unless we look at it as a whole which exists through itself and for itself?[2] . . . Who deals with mind, must presuppose nature, who deals with nature, must presuppose mind or at least quietly include it."[3] This holistic view prepared the way for concepts of mind and life which Kurt Goldstein later developed in "The Organism."

The period spent at Frankfurt was highly productive; many of Goldstein's important papers were written at that time. One of them was "About the Similar Functional Origin of Symptoms in Organic and Psychic Illness, with Special Regard to the Functional Mechanism of compulsive Phenomena,"[4] published in 1925. Ludwig Binswanger recently referred to it in his essay on "The Function of Life and the Inner Life History"[5] in which he rejects the dualistic split between psychic and somatic, and, instead, distinguishes the way of functioning of the psychosomatic organism from the inner life history as experienced by the patient. Both are aspects of one integrated human being who is a functioning organism, but also experiencing his inner life history.

In 1930, Kurt Goldstein became Professor of Neurology and Psychiatry honoris causa at the University of Berlin. The course of history did not permit him to stay there very long. What happened in 1933 to Germany and its universities is well described in Goldstein's book on "Human Nature."

> Shaken on the one hand by uneasiness about the present situation and by anxiety for the existence, deceived on the other by the mockery of a brilliant future as a political demagogue depicts it, people may give up freedom and accept subordination or virtual slavery. And it may do this in the hope of getting rid of anxiety. This is a condition which tyrants of any kind utilize for subduing free people, for transforming them from people into masses.[6]

I remember well how courageously Kurt Goldstein fought the mass psychosis of Nazism; I was close to him in this fight. He had to leave Germany for the University of Amsterdam. Here he finished his *"Der Aufbau des Organismus,"* which was published in 1934 and later translated into English as "The Organism."

In 1935, Goldstein came to this country. He became Attending Neurologist at the Montefiore Hospital and Clinical Professor of Neurology at the College of Physicians and Surgeons at Columbia

University. In 1938 and 1939, he was William James Lecturer at Harvard. In these lectures, published in 1940 under the title "Human Nature in the Light of Psychopathology," Goldstein uses the principles established in "The Organism" to formulate his creative concept of human nature. From 1940 to 1945, he was Clinical Professor of Neurology at Tufts Medical School in Boston. Later he returned to New York, associated with Columbia University and is still professor at Brandeis University and at the New School for Social Research. In 1941, he published with Scheerer the monograph on "Abstract and Concrete Behavior"; in 1942, his book on "After-effects of Brain Injuries in War," and in 1948, "Language and Language Disturbances."

What is the place of Goldstein's organismic concept of human nature in the history of thought? Aristotle, Goethe, Spinoza and William James may be called its ancestors. Among more recent ones may be considered Jan Smuts (to whom we owe the term *holism,* derived from the Greek *holos,* meaning "whole"); Jackson, the great English neurologist; the Gestalt psychologists Wertheimer and Koehler, and the philosopher Ernst Cassirer. In the psychiatric field the holistic view is approached by Alfred Adler, Adolf Meyer, and Karen Horney.

It is the fertile soil of his own clinical observations on which Kurt Goldstein has based his concept of human nature. "Progress in science requires courage—the courage to advance explanatory hypotheses, to test them empirically, to expose them to criticism, even to renounce and revise them, if necessary."[7] The main steps in the development of his concepts are well summarized in his preface to "Human Nature": "Disease cannot be considered a localized disturbance . . . more and more evidence of the involvement of the entire organism has been found and of changes of personality . . . needed is a study of the individual as a whole . . . but this study cannot be limited to the individual proper. He has to live in . . . a milieu constituted by other beings . . . in consequence, one is forced to reflect upon the fundamentals of social relationship."[8]

Against the background of the sick, Goldstein creates his image of healthy man. Man is more than a bundle of instincts or reflexes. Neither mere self-preservation nor tension release are primary goals of the healthy organism. "It is a basic tendency of the organism, to actualize itself in accordance with its nature . . . this actualization means existence, life."[9]

"Placed in a situation in which it is not able to react in accordance with its essential capacities, the organism may experience 'a catastrophic reaction.' Existence itself is endangered. Anxiety is a subjective experience of that danger to existence . . . it is the inner experience of being faced with nothingness."[10]

"In normal life . . . the individual has to go through such states of disorder or catastrophe."[11] That means: Man on his road to self-actualization has to confront and to go *through* anxiety. As Kierkegaard expressed it: "To venture causes anxiety, but not to venture is to lose oneself." But "a defective organism achieves ordered behavior only by a shrinkage of its milieu in proportion to the defects."[12]

Ludwig Binswanger, in "The Existential Analytic School in Psychiatry," states: "Even where Goldstein uses the expression "milieu' in place of 'world,' we are still dealing with a genuine biological world concept."[13] When Goldstein says: "The sick person can

avoid catastrophic reactions only if he finds a new milieu which is appropriate to his defective condition,"[14] we have, from a psychoanalytic viewpoint, only to say, "if he finds or *creates* a new milieu"—then this idea that the subject finds or creates his own world appears as a pioneering step in the direction of existentialist thought.

For the avoidance of anxiety and catastrophic reactions, the sick person pays with the restricting of his personality and with a shrinking of his world. We can observe such shrinking of their world in accordance with their needs in all neurotic patients, but to the most extreme degree it occurs in the psychotic and in the resigned patient who tries to avoid anxiety and to set his inner conflict out of operation by withdrawing from life and, particularly, from human relationships.

Another form of shrinking of the world we can see in schizophrenics and to a lesser degree in neurotic—particularly, schizoid—patients. Here the inner world of total relationships has shrunk to the concrete world of physical sex. It is this shrinking, an *atrophy* of the capacity for living and not the hypertrophy of libido as still assumed by some psychoanalysts, which leads to the abundance of sexual symbols in dreams and language of these patients.

A further observation of importance for our concept of healthy versus sick human nature is that "for the sick person the only form of actualization of his capacities which remains is the maintenance of the existent state." While "the tendency of normal life is toward activity and progress," Goldstein found in his patients "an impairment of an essential faculty of human beings, the faculty of meaningfully changing their behavior."[15]

Basic emotional change, however, is a main goal of effective psychoanalytic therapy. "Resistance" is seen as preventing it. I believe that Goldstein's observation supports the very much needed enlarging of the concept "resistance" which, in the orthodox analytic view, is still connected mainly with sex, hostility, or feelings about the analyst. But resistance—and here Goldstein's concept comes close to Horney's —is a much more comprehensive existential phenomenon; man, in psychoanalytic therapy as in life itself, often clings compulsively to his restrictive emotional status quo because he lacks the courage to face the "dizziness of freedom" (Kierkegaard) which is inherent in change and growth.

Incidentally, resistance cannot be called an infantile phenomenon. Such statements, like many others which misuse the term "infantile" to describe the psychopathology of adults, do severe injustice to children. Healthy "children not only do not avoid dangers but actually seek them out as something to be coped with. In place of an anxious astonishment there develops surprise touched with satisfaction at having mastered a bit of the world."[16]

The attitude of courage and freedom which Goldstein advocates for scientific research exerted a highly constructive influence on the relationship between Goldstein's organismic view and psychoanalysis in the last fifteen years. In 1940, Goldstein quoted Horney: "I believe that the genetic approach if used one-sidedly (and I add, as is the case in Freudianism) confuses rather than clarifies the issue because it leads them to a neglect of the actually existing unconscious tendencies and their functions and interactions with other tendencies that are present, such as impulses, fears, protective means."[17] But Goldstein continues: "The astonishing thing is that

the author fails to realize that with this statement she drifts away from essentials of the theory of psychoanalysis and deprives it of its real basis."[18]

Maybe this was true with regard to psychoanalysis as it was in 1940. But, meanwhile, psychoanalysis itself has changed. With the acceptance of a holistic-humanistic concept of man and his inherent striving for self-realization, the goal as well as the potentialities of psychoanalytic therapy have widened.[19]

We no longer see "the unconscious" as a topographical zone which harbors only irrational libidinous and aggressive drives; we deal with unconscious motivations and unconscious processes which also include healthy and constructive strivings (Ivimey).[20] Psychoanalysis today also agrees with Goldstein that anxiety cannot be avoided but has to be confronted and mastered in the process of therapy (Horney, Goldstein, Weiss, et al).[21] And psychoanalysis has learned to look at the past as a dynamic symbol of the present (Weiss).[22]

And Goldstein, who first dealt with the individual organism and his environment, strongly emphasizes in his recent papers that self-realization always is self-realization with others ("in other words, 'my' existence is bound to the existence of the other"[23]) and that the most significant and effective factor in therapy is the doctor-patient relationship, which consists of much more than transference and counter-transference and which becomes the "encounter" that elicits the experience of self-realization.[24] "This demands a deeply sympathetic attitude toward the patient as a human being like he himself with whom he can live together in spite of the fact that the patient is deprived of essential human capacities."[25] Let me add here with regard to the neurotic patient: deprived temporarily due to the restricting effect of neurotic anxiety and conflict.

Karen Horney repeatedly expressed her basic agreement with Goldstein's concept of human nature. Differing here from him, she always emphasized the distinction between self-realization and actualization of the idealized self,[26] a distinction which I, with Horney, consider crucial for psychoanalytic theory and therapy. But she stated in her last book, "The belief in the inherent urge to grow has always been the basic tenet upon which our theoretical and therapeutic approach rests."[26] Thus Goldstein and psychoanalysis—at least what we consider psychoanalysis today—have come together in a creative way. This is symbolized in the fact that we are electing today Kurt Goldstein an honorary member of our Association in appreciation of the contribution which his holistic humanistic approach has made to the advancement of psychoanalysis.

From Kurt Goldstein's work emerges an image of man, no longer fragmented and divided: An image of man as a whole (hale-healthy) in-dividual; an individual who transcends the pleasure principle of an id, with the capacity for joy experienced in realizing his potentials, in constructive relations with others; an individual who transcends the self-preservation drive of an ego in the direction of the courage to be and grow; an individual who transcends the tyranny of a super-ego in the direction of inner freedom—which to Goldstein means "the right and the inner necessity to actualize oneself."[27] This formulation is very much like Horney's concept of the "morality of evolution."

It is this basic inner law which Kurt Goldstein himself has followed in his steadily expanding development.

In this short paper I have tried to

talk about both Kurt Goldstein and his concept of human nature. I believe I almost succeeded in this difficult task because his life and his work are as closely related as Goethe expressed it in these beautiful words: "The work of man emerges from him like a second self. How could this happen unless it had completely penetrated his first self?"[28]

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KURT GOLDSTEIN'S INFLUENCE ON PSYCHOANALYTIC THOUGHT

HAROLD KELMAN

TO HAVE TOUCHED greatness through the written word is an opportunity. To have met it personally is a gift. To have had both, more one could not ask. The life history of such a dynamic event began twenty-three years ago. I first met Dr. Goldstein at the Montefiore Hospital where I was the resident in neurology. My personal level of maturity was adequate to a dim awareness that "communion is the basis of all communication."[1] I vaguely sensed I was in the presence of a presence. Many years of participating in that form of "communication that makes psychotherapy possible"[1] were necessary before I could be more open to the depth of meaning of such experiencing.[2]

It was to take more years of being with Goldstein's living creativity, which has evolved through many phases, before its influences began to manifest itself. A succession of papers bears testament to my indebtedness. Where their content is seemingly remote from his areas of interest, their development reflects my continuing response to the spirit and nature of his method. It helped to guide my self-investigations, my work with patients, and the development of my ideas. This is Goldstein's description of it:

"In practice, we usually proceed in such a way that, from the facts gained by analysis, we sketch a picture of the whole organism, which in turn instigates further questions and investigations, so long as we encounter discrepancies between this picture and factual experience. Upon the basis of new inquiries, the picture of the whole is again modified and the process of discovering new discrepancies and new enquiries follows, and so on. By such an empirical procedure, in a dialectic manner, a progressively more adequate knowledge of the nature of the organism is acquired, and an increasingly correct evaluation of the observed facts, as to whether they are essential to the organism, is obtained.[3] The material is essentially supposed to demonstrate over and over again that *method as well as theory must originate from nothing but the most concrete evidence.*"[4]

So, by a dialectic method which must begin and end with concrete facts, which ever and again tests the congruence of theory and fact, which stimulates new questions, brings to light new data, exposes new discrepancies, we experience and see an evolving picture of a whole human being. The

Harold Kelman, M.D., Harvard, 1931; D.Md.Sc., Columbia, 1938, is a Diplomate of the American Board of Neurology and Psychiatry, fellow of the American Psychiatric Association, and charter member of The Academy of Psychoanalysis. He is editor of the American Journal of Psychoanalysis, Dean of the American Institute for Psychoanalysis, and a lecturer there and at the New School for Social Research.

spirit and method of Goldstein's investigations are an accurate and precise definition of the analytic process. They are at the same time a moving description of the process of maturing, of self-creating, and creating the world around us in the course of therapy and of living. And what is the picture that emerges before the individual of himself and of his world as he is evolving?

"After all, what is the character of the picture of the organism we are seeking? It is not by a mere addition of brick to brick that we try to construct this building, but it is rather the actual Gestalt of the intrinsic architecture of this building that we try to discover, a Gestalt from which the phenomena, which were formerly equivocal, would now become intelligible as belonging to a unitary, ordered, relatively constant formation of a specific structure. We are seeking *a whole in which one can differentiate, among the observed phenomena, between the 'members' which really belong to it and the less relevant, contingent connections of arbitrary parts. We do not look for a ground in reality which constitutes Being, but for an idea,* a reason in knowledge, by virtue of which all particulars can be tested for their agreement with the principle—an idea on the basis of which all particulars become intelligible, if we consider the conditions of their origin. We can arrive at this picture only by a form of creative activity."[5]

Knowing ourselves, knowing others and the analytic process are creative activity. They are biological knowledge in the broadest sense because they touch upon all of life and because all that touches upon life touches upon it. By a process of continuing creative activity, the true nature of ourselves and our patients comes into view. The experiencing is the knowing and the knowing is creating because it resolves blocks to creating and stimulates the possibilities for creating that have been freed.

"Biological knowledge is continued creative activity, by which the idea of the organism comes increasingly within reach of our experience. . . . The attainment of biological knowledge we are seeking is essentially akin to this *phenomenon—to the capacity of the organism to become adequate to its environmental conditions. . . .* Whenever we speak of the nature, of the idea, picture, or conception of the organism, we have in mind these essentials for the realization of adequacy between the organism and its environment. And these are the principles of composition of that picture which biology has to grasp. In so doing, the cognitive process of the biologist is subject to practically the same difficulties of procedure as the organism in learning; he has to find the adequacy between concept and reality."[6]

Almost simultaneous with my meeting Dr. Goldstein, I started my personal analysis. In that creative, disillusioning process, I became painfully aware, bit by bit, of the discrepancies between the concept of Harold Kelman and his reality and thereby began moving toward a greater adequacy of concept and reality in my self.

My living with "The Organism" began in the early '40's. I say living with because reading and studying are not adequate for describing an essential way of being with it without which there can be only very limited fruits. Goldstein's assertion that "biological knowledge is continued creative activity" was one of the stimuli and key ideas for my theory of the dreaming process which I began to develop as

early as 1944.[7] For what is dreaming but the organism's attempts to acquire increasing knowledge of its *bios*, in the process of continuing creative and creating actively?

His statements regarding the nature of symbols essential to acquiring biological knowledge moved me toward fresh viewpoints regarding the nature of the symbolizing process.[7] *"The symbols which biology requires for the coherent representation of the empirical facts are of a kind other than those in physics. . . . The symbols,* the theoretical representations in biology, *must, in principle, include quality and individuality in all their determinations. . . .* The symbol must have the character of a *'Gestalt.'"* Goldstein made this assertion because "in the field of biology, knowledge and action are very intimately related, and that we need a basis for knowledge and for action which will always do justice to the whole organism, because in this field every action concerns the whole. If the reference to the whole is *insufficient, the action may possibly be correct for a part, artificially isolated. But it will distort the function of the whole."*[8]

Goldstein's investigations bore further fruit in his revolutionary contributions to "Language and Language Disturbances." On first meeting him, my knowledge of the humanities, neurology, and psychiatry were quite inadequate to being available and open to his holistic approach, hence not for his ideas on language and language disturbances. I had been trained in the doctrine of specific localization. It was to take many years for me to evolve and to acquire some knowledge of and feeling for the breadth of perspective and the frames of reference that Goldstein brought to his studies of language.

After discussing the erroneous nature of the conclusions based on the doctrine of specific localization and the limited values of the protocols of case studies on that premise, Goldstein emphasized that other factors had to be considered.

"This becomes still more evident if one is interested in the question of spontaneous restitution and retraining of lost capacities. Here only a detailed analysis of the individual defect, with the aid of psychology, even philosophy of speech, will furnish a reasonable basis for management. On the other hand, a clear evaluation of the results gained with psychological methods requires consideration of the relation of speech disturbance to our concept of brain function in general, to the premorbid constitution of the individual, to the personality as a whole, to the modification of all these factors by their pathology, to the patient's capacities outside of speech, whether they are undisturbed or diminished, etc., and finally to the situation in which the individual has to live."[9]

The vastness, depth, and rigor of Goldstein's holistic approach, so concisely presented in these few statements, inspire awe and humility. The problems associated with language disturbances studied from such a comprehensive frame of reference led to investigations in many other areas of language and thought. The ones I now wish to mention are those on "Abstract and Concrete Behavior."[10] I regard them as among his major contributions. They gave added stimulus to clarifying and elaborating my concepts of the symbolizing process and the self-system.[7]

"The abstract and the concrete attitudes," Goldstein said, "are not acquired mental sets or habits of an individual, or special isolable aptitudes, such as memory, attention, etc. . . . The

normal person is capable of assuming both, whereas the abnormal individual is confined to but one type of behavior —the concrete."[10]

To have discovered what was common in the nature of man and to have formulated the unifying hypothesis of concrete and abstract behavior is genuine originality. Over-concreteness can be identified by the anxiety response which follows the presentation of logical propositions, theories, and generalizations. It is more intense, often with associated assaultiveness, when such ideas are at variance with that individual's or group's prejudices, privately or publicly held, unconscious or systematized. Anti-intellectualism, with its egghead epithets, is one recent societal form of this problem. Of longer duration and more deep-seated is the American anti-philosophic bias which cynically attacks with "He's a long-hair" or "It's that mystical stuff."

"The concrete attitude exists also in respect to ideas, thoughts and feelings, even if these experiences are not directly dependent on the immediate outer world."[11] This statement is very difficult to be open to by someone who is anxious and tight. The notion of surrendering to ideas and thoughts and, worst of all, to feelings, in an unreflective manner, without the mediation of discursive reasoning, is difficult if not impossible for many people. Actually, this is what happens as a patient is able to associate more freely in therapy. The healthy, concrete attitude toward ideas, thoughts, and feelings is frightening to those who are anxious and make things of thoughts, ideas, and feelings. They are unable to allow ideas or systems of ideas to be loose guides or to be guided by spontaneous feelings. With their over-concreteness, they turn them into things which in turn become our painfully familiar systems of bias, manifested as personal dogmatism or group infallibility.

The turning of theoretical constructs into dogmas is an expression of sickness. In its severest form we see it in the delusional system of psychotic patients. I feel Goldstein's work on the concrete and abstract attitudes contains vast possibilities for increasing our understanding of psychosis.

For such studies to be of value we must be guided by the spirit and nature of his rigorous methodology. "We believe it to be the preliminary task, especially of psychopathology, to ascertain data on a descriptive, qualitative level."[12] This is a restatement of a basic requirement of scientific methodology. It is also the first rule of phenomenology. In some of my earlier papers and in courses on the dreaming process, as early as 1948, when I restated this proposition as the necessity for beginning with neutral descriptive terms, the response was quite intense.[13] I believe it essential that we again and again return to this first rule of any truly genuine methodology to clear away the incrustations of individual or group bias which so easily and rapidly accrue.

It was inevitable that anyone studying man's nature with the methods and philosophy that Goldstein used would be confronted with the age-old problem of anxiety. His clear, holistic descriptions of fear and anxiety I regard as a monumental forward step in clearing away confusion and loose thinking on these two subjects. It put studies of fear and anxiety on the solid basis they long needed. The following statements are by now classic:

"Anxiety has no 'object.' The basis of fear is threat of the onset of anxiety. As manifold as states of anxiety may be . . . they all have one common denomi-

nator: *The experience of danger, of peril for one's self. . . .* In the state of fear, we have an object in front of us which we can 'meet', which we can attempt to remove, or from which we can flee. We are conscious of ourselves, as the object, we can deliberate how we shall behave toward it, and we can look at the cause of the fear which actually lies spatially before us. On the other hand, anxiety *attacks us from the rear,* so to speak. The only thing we can do is to attempt to flee from it without knowing where to go, because we experience it as coming from no particular place. This flight is sometimes successful, though merely by chance, and usually fails: anxiety remains with us."[14]

Goldstein's contributions to our understanding of fear and anxiety have been most helpful to me in my "Unitary Theory of Anxiety,"[15] and for clearly delineating fear dreams from anxiety dreams, about which there has been much confusion in the literature. One of his statements regarding anxiety points to one of the cornerstones of his philosophy and tells us much about his image of the nature of man:

"The capacity of bearing anxiety is the manifestation of genuine courage, where ultimately one is not concerned with the things in the world but with the threatening of existence. *Courage, in its final analysis, is nothing but an affirmative answer to the shocks of existence, which must be borne for the actualization of one's own nature.* This form of overcoming anxiety requires the ability to view a single experience within the larger context, that is, to assume the "attitude toward the possible", to have freedom of decision regarding different alternatives. Thus, it is a characteristic peculiarity of man."[16]

Goldstein refers to "the fatal mistake of psychoanalysis." He says, "Many of the ideas expressed during free association may allude to the feelings, attitudes, and needs of infancy, but they are couched in the language of adult experience. There is no reason to conclude from the observable facts that these ideas have lived in the patient's unconscious since his early childhood. The fact that they frequently have contents which could never have belonged to a child utterly refutes such a conclusion."[17]

Goldstein follows up his forceful assertion with an examination of "the epistemological basis of Freud's theory."[18] He showed how it was grounded in atomistic methods from which a concept of the organism of the whole cannot be synthesized. Epistemology, rigor in methodology, and the crucial significance of philosophy, so integral to Goldstein's thinking, could be the much-needed model for helping psychoanalysis become more humanly and humanely disciplined.

Discussing some further errors in "the fatal mistake of psychoanalysis," he pointed out the one-sided emphasis on "the unconscious" and on genetic factors. In a most rigorous way he defined non-conscious events and the nature of consciousness. "We speak of consciousness only when we wish to denote behavior in which we are aware of what we are experiencing, or, as we might say, when we are 'having' something consciously. We have a clear-cut awareness of a given situation, of our activity, of its purpose and its effect. The world then is experienced as apart from us, and we experience ourselves as objects equivalent to other objects."[19]

On the basis of this definition of consciousness, with which I agree, and which is crucial to my own ideas on the symbolizing process, it becomes quite

clear that the category of non-conscious events relating to bodily processes cannot become conscious, and likewise that the second group of non-conscious events consisting of inner experiences can also not become conscious. "This inner state is experienced, but can never become conscious in the correct sense of the term."[19]

The third group of non-conscious events "consists of the after-effects of earlier conscious events, which have been forgotten but which influence our present thinking and acting, with or without our being aware of their influence. These phenomena correspond to what we call memory."[20] This definition of memory is beautiful in its simplicity and comprehensiveness. Although one of Goldstein's reasons for rejecting the concept unconscious, namely, because it was referred to as though it were a receptacle or area, has been generally accepted, other aspects of his criticism have been by-passed, as though they didn't exist.

In using the concept non-conscious rather than unconscious, Goldstein says, "We divorce them from their negative denotation as repressed conscious phenomena, charged with the tendency to reoccupy the forbidden grounds of consciousness; indeed, we try to acknowledge them as events of a positive, unartificial and observable nature. . . . With this we avoid the wrong hypostatization of functional (i.e. configurational) events to separate driving forces which is so characteristic of the Freudian theory; we thereby escape the wrong theory of drives, as well as the false over-estimation of single factors which determine life—for example, sex."[18]

In bringing up these comments about "the unconscious," using his holistic approach, Goldstein has been able to expose some of the pitfalls of dualistic thinking, as in the conscious-unconscious dichotomy; the limitations of notions of permanence, as in the tendency to hypostatization; and the use of spurious over-simplifications and of point-for-point correlations as in "the false overestimation of single factors." He has affirmed again that truly dynamic theories of man must see all of nature and, hence, of man's nature as active, and that processes characterize man's being, not hypostatized structuralizations.

This discussion of "the unconscious" has included some essential material for a further discussion of the symbolizing process. I refer to Goldstein's statement that "this inner state is experienced, but can never become conscious in the correct sense of the term."[19] When I first presented this idea, in terms of my concept of the symbolizing process, it was met with considerable opposition. I said, "Feeling as such cannot be had in consciousness." The response was, "I know what I feel." That statement, of course, points directly at the problem. When a feeling has taken form, a shape, even if it cannot yet be named, it is already an abstraction, and an abstraction of a limited aspect of the original feeling. The whatness of a feeling can never be known because knowing is about feeling. Knowing is not immediately experiencing, which is indefineable, ineffable, and inexpressible in words.

When a feeling begins to have a form, a shape, a structure, the whatness of the feeling has passed. From this statement I came to several ideas fundamental in my thinking. I assert that the only place we can be and experience is here, the only time we can be and experience is now, and the only feelings we can be—not have—are pres-

ent, here-now feelings. These feelings may be expressed in the symbolic time forms of past, present, and future, and in the symbolic place forms named there and here. But the feelings we are being are always present feelings. From this it follows that our main focus in living is experiencing and in therapy here-now experiencing. With this focus, the West has become aware of an aspect of eastern wisdom. This interest in immediate experiencing is also evident in what is referred to as Existentialist thought.

I speak cautiously of Existentialist thought, because in its present phase some are trying to prove Freud was an Existentialist,[21] while Martin Buber is actively disowning the label. Because Goldstein stated that "the general viewpoint involved" in his organismic approach "found acceptance" by Fromm-Reichman and Horney, and because "It is similar to Fromm's point of view and the so-called Existential psychotherapy of Sonnemann"[12] does not make them all organismicists. Likewise, because Horney and Goldstein sound so similar in the following statements in regard to the larger issues does not join them in some single, labeled school of thought.

"Outgrowing his neurotic egocentricity, he will become aware of the broader issues involved in his particular life and in the world at large." Horney continues: "This step is important not only because it widens his personal horizon but because the finding or accepting of his place in the world gives him the inner certainty which comes from the feeling of belonging through active participation."[23]

"In my opinion," Goldstein says, "self-realization is possible only if the self-realization of the 'other one' is guaranteed at the same time. In other words, my 'existence' is bound to the 'existence' of the 'other'. A neglect of this relationship is a frequent cause of sickness. Only if understanding in this respect is reached in therapy, will it be successful. The relationship to the 'other' does not concern only the other individual, but also the relationship to society and culture."[24]

But let there be no misunderstanding about guarantees. Self-realization includes his idea of courage and, for me, his main focus—namely, helping make more possible, self-creating and creating the world of which we are an aspect. And how this can come about Goldstein the man, the scientist, the world citizen, tells us: "Thus our scientific procedure is apparently commensurate with the character of the human being in general, manifesting itself mainly in three phenomena: *in the potentiality of complete devotion to Being, in the potentiality to keep modestly at a distance from it, and in the potentiality to act with free decision in placing the personality at stake.*"[25]

I feel it fitting to close with a few excerpts from the Goldstein Anniversary number of Confinia Neurologica. Van der Horst, in his "Psychopathology and the Concept of Humanity On Aging," made some comments most pertinent to this occasion: "Age is one of the most characteristic moments. The calender years are a crystallization of our experiences. Still the highest level or the decline of our life is not determined by the number of years. . . . It is independent of the number of years, whether it is 25 or 85 years."[26] And Dr. Goldstein stands here as ample affirmation of that assertion.

On the frontispiece it says:

"Dear Dr. Goldstein,

"It has become your matured conviction and a major element in your

teaching that every event must be understood in its own unique setting. In applying this principle to your seventieth anniversary we think of it as a dynamic sign standing out for a time on the background of your life and work and calling attention to the new understanding of organismic life and the deeper scientific concept of human nature which your work has developed.

"We hail this event as the beginning of a new era during which many more of your scientific achievements are to come forth, either through your own personal endeavors or from those you have inspired.

"Walther Riese Martin Scheerer"[27]

And to these names, I feel privileged to add a third, Harold Kelman.

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DYNAMIC STRUCTURIZATION AND GOLDSTEIN'S CONCEPT OF THE ORGANISM

GISELA PANKOW

AFTER HAVING WORKED for many years with psychotic patients, I tried to make genuine contact with psychotic experience. Moreover, by entering the world of psychotic communication, I attempted to bring this experience to its appropriate verbal expression. The psychotic world looks like a universe parcelled out in many bits and pieces, each piece being at a closer or greater distance from the others. The distances between these fragments may change suddenly by the appearance of an unexpected gap. How does this happen? We don't really know how or why. We only can observe the fact. We can fill up these gaps and achieve some basis on which to operate. Perhaps the whole secret of the psychotherapy of psychosis is this: one should be very eager to observe the filling up of even the smallest gap. However, very often we do not know whether this new basis is going to be stable, or whether another gap will appear.

There is an important fact which I must point out. Sometimes one notices in what, to use a metaphor, I shall call a part of the "psychotic ground," a stratum which resembles another stratum seen in another fragment of this ground. We try to approach identical strata in different fragments of the psychotic ground. This process of reconstructing psychical strata which have lost their unity is what I have called "dynamic structurization." By means of "dynamic structurization" we can achieve a basis for operation.

THE RECIPROCAL RELATION BETWEEN THE PART AND THE WHOLE

The following psychotic experience, described in a phenomenological way, will demonstrate the convergence with Kurt Goldstein's conception of the organism as a structure. It is interesting to note that I did not know of Kurt Goldstein's work[1] when I treated this patient years ago. I was profoundly struck when I saw the following important methodological requirement—namely, to describe each phenomenon in reference to the organism and in the situation in which it had been observed. This same demand had been my own "guide" in the world of psychotic communication.

For three years, from morning to night, a patient constantly heard the voice of a policeman speaking to her and repeating everything she was doing. When I tried—during the first session—to know in what circumstances this voice first spoke to her, I learned that the patient's husband kept in his

Gisela Pankow, M.D., University of Tubingen; D.Sc., University of Paris, is a member of the French Society of Psychoanalysis.

house a trailer belonging to friends whom he often saw before his marriage. One day the patient asked her husband that "this piece of furniture" be removed. The day the trailer was given back to the other family, the policeman began to speak. I was struck by the fact that the patient called a trailer a "piece of furniture." By the word "furniture" this object, for which there was no use in the household, had become a part of the patient's home. Why would she become psychotic when she now has a household with her own furniture? Did the voice fill up the place of the trailer which belonged to the other family and which was kept in her own house?

The world the patient was living in was "opened" by trying to describe the reciprocal relation between the part and the whole.

In my first book, *Structuration dynamique dans la schizophrénie*,[2] and in a more elaborated way in my book, *Dynamische Strukturierung in der Psychose*,[3] as well as in a recent lecture,[4] I demonstrated that this reciprocal relation between the part and the whole can be described in the psychotherapy of psychosis by means of the *body image*. In this way we refer to one of the fundamental functions of the body image that concerns spatial structure. We try to describe the manner in which the patient "lives" the reciprocal relation between the part and the whole in a spatial figure and, especially, in his own body. This attempt to structurize the body image is elaborated by means of the *external outline*. The other function of the body image that concerns the *internal content* will be discussed later on. It is very important to state that a neurotic patient is able to find the reciprocal relation between the part and the whole. This act cannot be accomplished by a psychotic patient. The "dissociated body" (*le corps dissocié*) of the psychotic patient takes the place of the "body in pieces" (*le corps morcelé*) of the neurotic patient.

Our therapy with mental patients consists in "reconstructing" their world by structurizing, first, an organic relation between the part and the whole. The patient I was speaking of could not bear the fact that one part of her house had disappeared. When she tried to have her own home and when she got rid of the "foreign part" represented by the trailer, the voice appeared. There was not only the fact that the part had become a whole, but there was also a characteristic split, a crack in the reciprocal relation between the inside and the outside of the patient's world. The loss of one part was filled up by a substitute from the outside, by a voice. How is it possible to heal this split?

Dynamic Structurization by Means of the Phantasm of the "Red Chain"

In order to treat this patient, we encouraged her to describe the structure of her world by means of drawings and clay modeling. As she was doing this work she opened her world to another human being. At the second session she brought me a clay model. There were three tubes of red clay, similar to a plait of hair, but they were arranged in an inverted sense. The model, about eight inches long and one-and-a-half inches broad, was symmetrical at top and bottom. At the first crossing of these three long pieces of clay, the patient made a cross piece showing three dents. The end of the piece of clay also showed three notches. The patient put this clay model on my table and I listened to her. She spoke about several

men who, during her youth in Turkey, had tried to seduce her. She had never had the courage to acquiesce to their demands. Then she talked about her mother's lover and said that she understood, when she was about seven to eight years old, what this disguised man did with her mother when he came to see her, during her father's regular absence. At 37, she grabbed her mother by the hair and screamed that on account of this man she never received enough love from her: "It was for this reason, and this reason only, that you did not love me any more."

Then after a long pause, during which her eyes were filled with anxiety, she began to make aggressive movements, and to remember something long forgotten. One night when she was seven or eight years old—and when she still lived in Turkey—she woke up because of a noise in the house. She got up. On the staircase she met her mother whose hands were covered with blood. Then she heard the arrival of the Turkish police. Her mother, whose hands were in chains, was taken away. Her father and mother had tried to stifle her mother's lover in a barrel, using towels to suffocate him. He freed himself, however, and was bleeding.

When the patient, after another silence, looked desperately at me, I showed her the red clay model and told her: "Well, look here at this red chain by which your mother was chained. It is as red as the blood on her hands." I pushed the model which lay on the table towards the patient.

Was it a mere coincidence that the voice spoke less after the patient made the clay model I offered her as "her chain," pushing it on the table toward her? After this session the patient was transformed. She told me that the policeman no longer spoke as often as before. When she felt agreeable things, she no longer heard his voice.

The world this patient lived in was characterized by a crack, by a split. One part took the place of a whole. The psychotic experience could be called: to be a chain, that means to live in a world where the voice of a policeman persecuted her incessantly. But when the chain became a part of the patient's body, she was able to recognize this part as a part. *She now had a chain.*

Thus we made the first attempt to heal the split between the inside and the outside of this patient's world. Her body as "a body with a chain" consisted now of two heterogenous parts, like her home at the beginning of her marriage when there was a piece of furniture of another household. The tie between the heterogenous parts was so close that a separation was no longer possible. The loss of one part was supplied by something else coming from the outside—the voice the patient heard. When she tried to free her home from a "strange piece of furniture," it seemed as if her home, which had the role of her body, was liberated. But the piece of furniture, corresponding in her body image to the red chain, became the persecuting policeman's voice.

We speak of dynamic structurization because our treatment is focused on the spatial structure of the world represented by the patient's body. We structurize by means of the "red chain" and in our research we call such a dynamism, connected with a spatial structure of the body, a *phantasm*. The phantasm of the "red chain" helped to discover and to heal a split in the patient's body image.

If we try now to consider the "red chain" not only in its external outline as a part of the body, but also in its internal content, then the chain ac-

quires significance in interpersonal relationships. As the chain is an instrument of the human world, we presume that there is somebody who could use this chain. Therefore, we are allowed to ask the question: "Who has the chain?" This question implies the person who possesses and another person who does not possess.

The "red chain" helped the patient to remember a very important and long forgotten part of her life-history—the attempted murder by her parents. The "red chain" became a "significant" (*signifiant*), something that had to signify and that first made it possible for there to exist for a human being in his history something signified (*signifié*). In this way, we discovered an analytical technique for psychotic patients that Freud could not elaborate because he was looking in vain for a reciprocal relation between the ego and the others. We tried to demonstrate that there was still a reciprocal relation between the part and the whole, a reciprocal relation that led to the recognition of the inside and the outside. In this way the ego and the others can be introduced.

Conclusions

The psychotic world can be structurized, if we take it as an organism in the sense of Kurt Goldstein's conception. The split between the inside and the outside characteristic for psychotic experience can be taken for the phenomenon of a filling up of a gap. The psychotic world shows the same "tendency to avoid emptiness"[5] that Goldstein has described for the organism. No phenomenon can be separated in the psychotic world. All material of verbal communication has to be focused on the organism as a whole, even if there is a split between the inside and the outside. The reciprocal relation between the inside and the outside implies the possibility of the recognition of what has been drawn to the outside. If the patient is able to "have"—to possess—as a part of his body what he had thrown away to the outside of his world, then he will be able to live without a split. Kurt Goldstein has elaborated this reciprocal relation between "to be" and "to have" in a very profound way.[6]

The organism, as Kurt Goldstein describes it, is a "significant"—that is, something that has to signify and that first makes it possible for every part, as well as every function, to become something signified. As we take the psychotic world in this conception of the organism as a structure, the dynamism of a part can bring us back to the dynamism of the whole organism. There are dynamic images which are connected with the spatial structure of the psychotic world. These images which we call phantasms help us to heal the split in the body image. If we try to consider these dynamic images not only in their external outline as a part of the body, but also in their internal content, will help us to open the world of interpersonal relationships.

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KURT GOLDSTEIN AND PHILOSOPHY

HANS JONAS

IT IS A GREAT PRIVILEGE and at the same time a dear personal satisfaction for me to extend on this occasion the New School's and its Graduate Faculty's grateful wishes to Kurt Goldstein, the revered teacher and wise friend: he is both to both, to the School and to myself. It is not altogether inappropriate —indeed, it may have a symbolical fitness—that departmental boundaries have been ignored, and it has fallen, as if by design, to a worker in a differently labeled field to pay tribute to this distinguished scholar and teacher in neurology. For as surely as Kurt Goldstein is the pride of our psychology department, as surely does he, in his intellectual approach as well as in the import of his findings, transcend the terms of a scientific speciality—demonstrating the artificiality of all such divisions precisely by what he is doing within one such division. And as surely, on the other hand, as philosophy—my "field" —often and to its detriment keeps aloof from the special sciences, as surely it for once cannot but feel affected, challenged, and enriched by the contribution which a most concrete and subject-committed competence has here been making over many decades to the cause of knowledge and understanding in general.

This is the first point of my brief commentary: Kurt Goldstein is a philosophical scientist because he is a true scientist. With no other intention than that of advancing the understanding of his particular subject, his work assumes philosophic significance and his statements have the style of philosophic statements. It is not that he "also" has a philosophical penchant and, as a kind of reprieve from the rigors of science, sometimes permits himself flights into philosophy. On the contrary, the very intimacy with concrete problems issues into philosophical dimensions, just as it was already a philosophical awareness which made the problems visible, as such, in the first place. "Method as well as theory must originate from nothing but the most concrete evidence," says Goldstein himself.[1] But, of course, they really originate from the viewer of the evidence, he who makes the evidence—mute in itself—tell its story by asking it the right kind of question, having gathered it first with questions in mind; and when he gives himself account of what kinds of questions are right, and even reflects on such things as evidence and questioning in general, he has turned philosopher without turning from the matter in hand.

In Goldstein's case, viewing the evidence is just such a reflexive process. "My concrete research work continually forced me to give an account of what I was actually doing . . . to discuss the means by which we may arrive at (the) comprehension (of the living world)

Hans Jonas, Ph.D., Marburg, 1928, is a member of the American Philosophical Association, and Vice-Dean, Chairman, Department of Philosophy, Graduate Faculty of Political and Social Science, New School for Social Research.

. . . the discussion led us ultimately into realms which are far removed from usual biological considerations . . . this digression into philosophical problems is not determined by the casual, personal inclination of the author, but . . . the material itself imposes the obligation upon us, if we desire to find our way through it. . . . The intention . . . to be guided by the material itself and to employ that method which the factual material dictates to us . . . has necessitated considerations which one customarily calls philosophical."[2]

Kurt Goldstein is too modest when he defines the philosophical aspect of his work mainly, as he does here, in terms of methodology. True, the reflexion on method, the self-searching and self-elucidating account of procedure, constitute the immediately striking and, as it were, the most self-consciously philosophical passages in his writings. But an inquiry undertaken in that spirit cannot fail to produce results commensurate with it. I can assure Dr. Goldstein, though with no other authority than that provided by the experience of my own philosophical struggles, that not only how he searches but what he has found in his search, the very substance of his teaching, belongs in the commonwealth of philosophy by the native right of dual citizenship. Speaking for myself, it has been my good fortune again and again, when I had ventured an interpretation of some phenomena of life or mind in my philosophical context, that Dr. Goldstein—ever ready with attention and advice—could point to some passage in his published work where I would find the empirical evidence I had hopefully assumed. There, after the hazardous flight of speculation, I would suddenly feel the welcome ground of solid fact under my feet; but more often than not I would also find there "my" very interpretation all ready and waiting for me—an experience at once reassuring and humbling.

As is well known to this audience, the conception of organism which emerges from Kurt Goldstein's work and transfuses its every detail with the light of intelligible unity is governed by the idea of "wholeness." A more tempting, more elusive, more treacherous idea has hardly ever haunted science and philosophy. As a mere longing it is futile; as a mere postulate it is empty; as a mere dogma it becomes an *asylum ignorantiae*. The test for the legitimacy of the "holistic" approach is the faith it keeps with the stubbornness of the part phenomena and with the rights of their particular causations—in short, its scientific integrity. The test of its fruitfulness is the gain it brings to the understanding of these very phenomena, the more adequate reading of their evidence, with their partitive explanation preserved in the more comprehensive one. That Goldstein's holistic approach to biology stands these tests can, by the terms of them, only be shown in the details themselves. All I can do here (and be this the second point of my observations) is to call to mind Goldstein's re-interpretation of the reflex phenomena as a telling instance of what the approach can do in his hands. "The reflexes and the reflex laws," so Goldstein sums up, "are an expression of the organism's reactions when certain parts are isolated. The isolation is effected either by the *artificial* (experimental) elimination of the rest of the organism which is not supposed to enter into the reaction, or by the pathological segregation of single sections, through *disease*. There is a similarity between the experimental and the pathological phenomena, inasmuch

as both have their origin in *isolation*."[3]

There is a peculiar beauty of ingeniousness and simplicity in the surprising likening of experimental and pathological phenomena. It sheds light on both, reflex and pathology. As the (experimentally controlled) reflex is seen to represent organic performance in general no longer, but organic performance under the special conditions of segregation, so illness, as a case of segregation, is seen to represent not merely deficiency but the organism's performance under the conditions of deficiency —i.e., reconstitution of "wholeness" on the impaired level, however impoverished. A two-way logical give-and-take has thus passed between the two sides of the analogy. The mediating terms for this exchange are "isolation" and "performance." The latter decisively qualifies the former, for their togetherness in those phenomena means precisely this: that in isolation—experimental or pathological—the original wholeness is not cut up into independent pieces, but rather contracted to a lesser scope and poorer type of what again is, or becomes, wholeness and in the new performance actualizes itself. The essence of the performance, however reduced, is to cope with the environment; and with a correspondingly reduced environment the coping can always be successful and thereby self-realization saved.

To the physician this opens a third alternative between the two of curing, in the case of the curable, and of mere alleviating of suffering, in the case of the incurable: viz., providing the suitably re-structured environment in which even the incurable patient can function as an entity again because it has been stripped of the demands that can no longer be met and thus avoids the occasion for catastrophic reaction.

To the theoretician, the insight here exemplified affords a glimpse into the basically *teleological* nature of organism: the wholeness is not a merely formal but a dynamic fact; and "teleology" is not a metaphysical afterthought, gratuitously appended to the evidence after all its items are in, but a descriptive, phenomenological concept as indispensable in progressively organizing the evidence itself as to the practitioner it is indispensable in helping his patient. The teleological character is manifest in all the major terms with which Goldstein describes the performances of the organism, sick or healthy: "coping with . . . ," "coming to terms with . . . ," "preferred behavior," and above all, "self-realization," but even in so negative a term as "catastrophic reaction." Recognition of this teleology is itself an instance of it: as achievement of a theoretical wholeness it is indeed an exercise, on the cognitive level, of that self-same tendency toward wholeness and unity which pervades the very being of organism on all levels. "What for the organism in general is the adequacy between self and environment achieved in learning is to the biologist the adequacy between concept and reality achieved in theoretical understanding."[4] As Goldstein put it to me himself, biological knowledge is a form of biological being. And so, like is known by like and through the likeness.

This brings me to the last point I wish to make. The wisdom of the body discloses itself only to a wise mind. The recognition of the teleological structure of all living things, which establishes self-realization as the intrinsic principle of their being, is acknowledgment of their dignity and is ultimately rooted in reverence for life. This reverence is as much alive in the theoretical relation to the object of knowledge as in the

practical relation to the subject of medical care where it joins hands with love. There is nothing in Kurt Goldstein of the unholy triumph at having looked into nature's cards and now knowing her tricks. There is the humility in the face of her inexhaustible complexity. And there is ever alive that most philosophical of all moods: wonder. Wonder acknowledges that one is still ignorant and at the same time that the object of wonder makes it infinitely worth while to know more about it. And this double acknowledgment harbors the expectation that the diminishing of our ignorance will not diminish but rather enhance our wonder. While all scientific results are destined to become obsolete by their very success, the spirit which inspired the search for them can never become obsolete. Witnessing this spirit at work in Kurt Goldstein's long and devoted life we are ourselves moved to wonder, to admiration, and to love.

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EMIL A. GUTHEIL
1889-1959

On July 7, 1959, Dr. Emil A. Gutheil died in New York from a heart attack. He was born in Czerlany, formerly part of Poland, on January 21, 1899, and graduated from the University of Vienna Medical School in 1930. He was a principal pupil and private assistant of Wilhelm Stekel, one of the first pupils of Freud. Stekel later split from Freud and created his own system of "active analysis". Dr. Gutheil translated Stekel's works into English and edited his autobiography. After his arrival in New York in 1937, Dr. Gutheil devoted himself mainly to the creation of a forum on which all schools of psychotherapy could meet and exchange their thoughts and experiences. This was a bold idea in 1939, when a small group of Freudians still dominated the scene. With the help of a group of colleagues, Dr. Gutheil in 1939 founded the Association for the Advancement of Psychotherapy which now has 411 members. He was president of this Association for many years. He was also founder and chief editor of the "American Journal of Psychotherapy" since 1947. The journal won many acknowledgements and subscribers here and abroad. Dr. Gutheil was also very active in the creation of the Postgraduate Center for Psychotherapy in New York, where he had been Director of Public Education, Supervising Psychiatrist, Lecturer and former Chairman of its Professional Board. Among his many publications, the best known are "The Language of the Dream" (Macmillan, 1939) and "Handbook of Dream Analysis" (Liveright, 1959). He was a Diplomate of the American Board of Psychiatry and a Fellow of the American Psychiatric Association. He leaves a widow, Lilian, nee Heitlinger, and two sons, Thomas Gordon and John Gordon.

PSYCHODYNAMICS AND PSYCHOSOMATIC SYMPTOMS

JACK L. RUBINS

THE TERM "psychosomatic" is a clinical, descriptive one which refers to the appearance of physical symptoms in relation to emotional states or mental activity. From a dynamic viewpoint it seems grossly inadequate. In the first place, it indicates little about the particular patient before us in analysis. Secondly, it tells nothing about the psycho-somatic relationship, and thirdly it lumps together, indifferently, manifestations of quite different order and dynamic process. Can we equate, for instance, signs of direct body participation in an affective state—e.g., the crying of joy, the tachycardia of rage, or the pallor of humiliation—with such complex symptoms as an hysterical paralysis? Or such symptom-complexes as asthma or tuberculosis with the somatic symptoms arising out of a hypochondriacal conviction of illness?

In one case the somatic symptoms may be the physiological component of a healthy, affective state of simple order; in another the affect may be compulsive or irrational. Or anxiety may be involved. Generally, this is considered an affect, yet resulting from the interplay between "simpler" emotions, so that although a large volume of experimental work may give factual evidence of particular somatic changes being "produced" by particular affects, it does not help too much in understanding the patient, whose emotional states are more complex, or unconscious, or cannot be easily identified either by patient or observer.

Still other somatization reactions, such as the "conversion" symptoms, may not only involve affects but conceptual-ideational complexes in conflict. And even more complex clinical syndromes, such as asthma or tuberculosis, have been related to personality types or "profiles" or groups of character traits. In these cases not only is the psychosomatic relationship often most strained, but the origin and nature of the psychological state is difficult to explain.

Most attempts to explain these symptoms have focused on the nature or type of affective-ideational factor, and on the relationship of such particular condition to a type of somatic response. They assume an interaction between more or less definable psychic and somatic events. These theories have been well reviewed in a recent article[1] and it is unnecessary to detail them here. Suffice it to say that the degree of relatedness has been seen to vary from a close, precise specificity (affect → symptom, personality → syndrome) to a limited specificity (non-specific anxiety → symp-

Jack L. Rubins, M.D., fellow, The Academy of Psychoanalysis and the American Psychiatric Association; secretary, Association for the Advancement of Psychoanalysis; lecturer, American Institute for Psychoanalysis and the New School for Social Research.

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tom or syndrome), to complete nonspecificity (any affect producing any somatic reaction). In the latter group, any consistency of pattern of somatic reaction in one individual, or differences between individuals, is vaguely attributed to temperamental and/or constitutional predisposition, to total life experience, or to development of a "psychosomatic character."[2]

While this emphasis on the type of psychological state and type of somatic response may be necessary to lay a foundation for the psychosomatic relationship in simple observable experimental terms, I feel it has many limitations and may even obscure further understanding of the total clinical picture. This is because it takes one aspect of function out of context of the total human being, functioning in a total situation which is both immediate and historical. And while it may correlate psychic and physical events, this correlation is primarily descriptive rather than dynamic, so that we are still left with the basic problem of how these spheres relate. This question is inherent in the cause-effect causality concept upon which such theories are premised. A duality or dichotomy is thus implied, when in reality we may be dealing with some other form of correlation, perhaps only aspects or modes of function of a unitary process, as Kelman has suggested in regard to anxiety.[3]

As I see it, any explanation of the process of somatization must include three aspects, involving questions which the aforementioned theories have failed to clarify adequately. First, why does a particular individual show particular symptoms at a particular time (and show different somatic reactions at different times)?

Second, does somatization per se (regardless of the particular symptomatic form) have any basis as a form of experience? How is it that any individual should somatize his psychological processes instead of experiencing them in some other way? Is there some element of choiceful selection, conscious or unconscious, and if so, to what extent? Is it a trial-and-error process? Is it just a minimizing of "unpleasure" or anxiety? Or a moving toward safety or love or security or self-hood. And even such motivations, would they necessarily determine more than general defensive moves, e.g. neurotic attitudes, or is some other determining quality necessary further to channel modes of self-expression on to the body?

Third, what occurs during somatization as the psycho-physiological correlation? That is, although there may be motivational forces to "explain" somatization, what is the psychological process through which these motivational forces result in the symptoms?

Since the analytic process brings into play emotional forces (including anxiety) to a considerable extent, it is to be expected that psychosomatic symptoms will occur therein. In fact one could legitimately ask whether a treatment is truly psychoanalysis without the occurrence of such symptoms. In my own experience, every analysis of adequate depth and length has been accompanied by some somatic symptom formation. However, it is not usual for somatic symptoms to occur so constantly during analysis, and to be of such a nature that they permit a close correlation with the dynamics of the neurotic process. It is the purpose of this paper to present such an illustrative case, to evaluate the observations made during this analysis, and to present some pertinent conclusions which may help to answer some of the questions set forth above.

The patient, a thirty-year-old woman, was in analysis for about four-and-a-half years. Her presenting symptoms were recurrent attacks of trembling of about two years' duration, which had become progressively more severe and frequent; at times, a nondescript transitory skin eruption; nausea and diarrhea of several months' duration; an extreme feeling of tension and fear of insanity; and a chronic respiratory allergy which began at age two, with asthmatic attacks in the winter and rhinitis in summer. In addition she was having difficulty with her job, notably because of chronic lateness. In her social relationships, she was finding herself unable to get along with people, particularly with her mother whom she used to idolize and with her girl friends. She was finding them dishonest, catty, and critical; but she had one friend, an ideal, whom she found to be charming, clean-cut morally, and physically alert and quick-witted. She complained also that she was extremely shy, timid, unable to talk back; never able to do enough for anyone or live up to their demands, and resentful when she was not liked for what she was.

During her first session, she appeared to be under considerable pressure. She hurried through a list of symptoms and present circumstances, as in a prepared recital, wishing to cover as much as possible without showing she was hurrying. She seemed anxious and fearful, but trying desperately to keep these feelings under control. Her physical appearance carried a sense of incongruity; although she was above average height, rather heavy and massive, her gait was light and bounding, her face cute and childlike, her voice soft, and her limbs contrastingly thin. She usually wore a mannish jacket with a skirt-blouse combination or slacks during the first three years of analysis; then, occasionally, a dress until during the last year it became her preferred style.

Her family history was not presented in any consecutive fashion, but as here given is a composite of spread-out details. For a long time she reiterated how poor, vague, or dreamlike her memory was. It was only during the third year, in spite of much previous encouragement, that she expressed an insistent desire to look back. With this she had considerable anxiety and feelings of being in a trance.

Her mother was the guiding figure in the household, a dominating personality who took the major responsibilities, paid the bills etc. She was efficient and a hard worker, able to cope with everything, and always happy and healthy. While there were never any overt arguments, if mother even raised her voice, the daughter was frightened. It was always taken for granted that the children would do well, and be more successful than others.

One outstanding memory was of mother smiling all the time. She never permitted the children to experience or see any unpleasantness or tragedy; no disagreements were voiced in front of them. Household problems, even their own illnesses, were never discussed. But by the same token, she seldom showed any natural or spontaneous affection; she rarely kissed her daughter. Because of this lack of overt tenderness and affection, she used to feel that her mother was prim, sexless, and without the softer qualities of a woman. Her mother encouraged her to be tough, unemotional, independent, and self-sufficient.

While mother was relatively uninhibited with the children about the body and natural functions, she never discussed the sexual facts of life. Dur-

ing adolescence, the daughter always felt ashamed to mention to her mother such questions as her menses, wearing a brassiere, etc. And although the mother was quite socially minded and modern in the use of make-up, she was rather indifferent about her own appearance. Nonetheless, she always wished her daughter to wear nice clothes—and complained about having to make a fuss even though she was pleased.

Although the daughter felt that her father had played an important part in her life, she was not sure how. She felt she never really knew him, that mother kept him away. He was a contrast to his wife. He was rather introverted and disinterested in the home life. When he had a comment about the children, he would tell his wife rather than speak to them directly. He worked long hours and was seldom home. Although his business affairs were generally fairly prosperous, he had severe reverses at times. On two such occasions he had a depression and the daughter felt that such an illness made him despicable and dirty. Thus, although usually quiet, he was often nervous and moody. Sometimes feeling this way he would flare up in protest and she was afraid of his temper. She recalled her mother crying once during such an occasion, and she reacted intensely by crying also, blaming and hating him. Only once did he ever hit her brother and she recalled thinking it was strange that he should be interested enough to do so.

In general, he was old-fashioned, holding to his traditional habits; he did not easily accept improvement or change. He tended to be rather untidy and unconcerned about his appearance and personal habits. He would walk around the house unclothed and it was always an embarrassing fear to walk in on him this way.

There was one brother to whom she was—and is—quite devoted, minding and protecting him. He also had frequent respiratory and gastric symptoms requiring medical care. He was quite intelligent, but very shy—although very demonstrative with his affections, which often embarrassed her.

Her past personal history was predominantly tinged with an atmosphere of sickness, which she recalled as far back as she could remember. Her frequent asthmatic attacks sometimes required bed rest; often she had difficulty in calling her mother to help her. She was seldom taken to a doctor, but told she should be smart enough or strong enough or controlled enough to overcome them. At times she was given foods to which she was known to be sensitive, just to test her condition. At times she could bring on such an attack just to get attention from her mother, and she loved to be indulged then. There were occasions when her brother was ill and getting such attention, and she looked on with an eerie, lonely, left-out feeling. She especially disliked his making her laugh or otherwise react suddenly, since this might bring on an attack.

Until about the age of nine, she was painfully shy and sensitive. She was, however, so shielded from unpleasant events that when she did come in contact with something sad, she often felt she did not know how to react. She was an obedient child, since she felt mother expected her to be good, nice, and smart. She herself felt that since she wasn't healthy or beautiful, she had to be smart, though not smarter than her brother. Although she experienced her mother as controlling, it was not in an overt way. She always felt she had to ask permission to do anything, though mother never refused. By contrast, out-

side the home, she was strong, a leader among her friends, doing things for others she felt to be weaker.

Her appearance always was a problem about which she felt sensitive. Mother wished her to look nice, but would make her feel guilty about it. She herself considered clothes to be unimportant, merely to cover herself. She was a plump child and felt herself to be homely and distasteful until high school.

Her early school life was associated with feelings of insecurity and unhappiness. She was usually in the top ranks, but always felt her good marks were only luck, that she didn't deserve them. She had few friends. Once she was elected a class officer but she did not like being in a position of authority. When she was twelve, she had an IQ test and was told she had the intelligence of an older girl. To her this confirmed that she was above the average of all the other pupils. But after this she found the competition keen and the pace rapid, and even though she was smarter she felt fearful of having to work much harder.

During this period she had frequent asthmatic attacks. She also became aware of a new feeling toward her mother. Since the domination was not overt and so could not be rebelled against, she discovered that she could avoid being touched by it by just not being there emotionally.

Her high-school life was quite a contrast, because here she felt she found freedom. It became more real than her home life. She now found herself pretty and socially popular. She felt important and really smart. Feeling hard and strong, she not only wished to be like boys, but to surpass them; she liked to play rough games and beat them.

Her feelings about sex were confused. While it had never been brought up by her parents, neither had she asked about it. When she had been found exploring herself and her little friends, her mother had said nothing. She had felt that sexual parts were just not supposed to be there. During adolescence she had felt ashamed of her maturing body, her periods, her breasts, and unable to ask her mother since she felt the latter didn't accept them. No limit was placed on her dates and she was encouraged to bring boy friends home, but when her parents said nothing, she felt they were not interested in her. In general, she felt boys weren't important. Taller than average, she had to go out with big fellows; she always admired bigness, anyway. On dates she had to get dressed up, but in ladylike garb she felt no freedom or naturalness.

She never permitted more than mild necking. At times she felt afraid to kiss, lest the boy back away and reject her. Anything more than this was promiscuous. Since she was so cool, she could not understand why she was so popular with boys. Her girl friends considered her sexy, but she felt that anyone interested in real sex was abnormal. At times she would consciously tease a boy friend by exciting him sexually, then ask him to leave. She was never sure of what love really was, and felt you could love more than one man, provided they were the strong, persistent type. However, she always experienced a wall between her and the man.

She met her husband shortly before the war. What attracted her particularly was his being as openly affectionate and warm as she was cold, and in front of her parents. After several months he left for military service. On his return, about two years later, they were married. The marriage itself had an impersonal, dreamlike quality about it. She was primarily concerned about

the number of people present and felt a vague guilt feeling. She claimed that her sexual relations were good in a conventional way, without being an unusual or special experience; it was a good feeling, and she usually had satisfactory orgasm.

She worked at several jobs before and after marriage, each of them usually lasting a few months. She never really liked to work. She was afraid of the bosses; she felt they never praised her, but only criticized her mistakes, and she felt unable to do anything well. While at work, her nasal symptoms occurred particularly often and intensely. She was often ashamed and humiliated in front of the other girls, but felt she had to smile and be in a good humor, nonetheless. At times, with these symptoms, she also felt a desire for sex.

She felt that marriage made a great change for her. While previously she had lived in a dream, her husband tried to bring her down to earth. She soon took over the major responsibility for their affairs, such as paying the bills. Arguments often occurred, however, over questions relating to managing the household. The trembling spells began to occur concurrently, without her being able to control them. Occasionally, she felt she could bring one on consciously, in order to get sympathy. And although the arguments decreased during the next few years, the trembling persisted until she entered analysis.

During the first few hours of analysis, her associations gave some indication of her conception of me and of the analytic relationship: she was experiencing me as an awe-inspiring teacher (representing her standards of intelligence), plus a powerful (male) mother-figure who would magically make things come out right if her wishes (implicit and unexpressed) were obeyed. I was to let her get away with things—namely, to avoid awareness of anything sick in her through intellectual psychologizing, while relieving her somatic symptoms.

Comment

From the history, symptomatology, and first few analytic hours, certain dynamisms were deducible which may contribute to understanding the patient's somatization.

1) In her early relationships with her dominant mother, she had adopted a personality orientation of compliance-submissiveness-dependency, in return for which she felt entitled to approval and protection. However, strong expansive trends (particularly perfectionistic standards) in the areas of intellectual and physical performance were evidenced outside the home; these were especially notable in her sexual relationships, and during her adolescence, when reinforced by her growing sexual drives.

2) The idealized self-image she slowly created and which she then felt expected of her from others (externalized) included being good, nice, friendly; being charming and seductive; being smart, alert, and quick-witted; being stoic and non-emotional; being healthy, strong, and self-sufficient. This constellation of personality traits was associated with—and symbolized by—her mother and idealized femaleness. By contrast, she associated what she felt to be negative aspects of herself—including dependency, weakness, emotionality—with her father, with maleness and feelings of self-contempt. She had hitherto been able to avoid awareness of the essential contradiction between some of these by a tremendous emotional control on one hand, and by distancing herself from all inner emotional experience and deep personal

contact which would call up such emotions. Most of what she claimed she felt was a spurious, intellectualized sort of emotion, based on what she felt she should feel.

3) During her pre-adolescent years she had begun to experience a new way of relating, both to her mother and herself—namely, through emotional detachment, "not being there" for others, a distancing mechanism which forestalled genuine emotional closeness.

4) "Sickness" had a particular and intense emotional significance for her. It had become part of her major orientation to life. This was not the typical hypochondriacal, obsessive preoccupation with particular organs or body functions, although comparable dynamic functions and "uses"—the so-called secondary gains—were present here, too. In fact, although she did have variations in intensity and form, she was rarely free from some somatic symptom for any length of time—except during several years of her adolescence. This latter period corresponded to a hiatus in her anamnesis, which she did not recall until late in her analysis and associated with strong feelings of self-hate. In other words, to see herself as sick was a psychological necessity to fit into the façade, the version of herself which would satisfy the greatest number and most advantageous of her compulsive qualities. And as part of her idealized image, she had intense pride vested in being healthy and denying the reality of illness, physical or emotional.

5) As a result of the association of particular desired or rejected personality traits with femaleness or maleness, the blurring of her own identity was characterized by a blurring of her sexual identity. This included a distortion of her body-image; she rejected herself as the physical woman she was, as well as having "feminine" personality traits compared with other girls or boys.

The Course of Analysis

During the first four months she was completely free of somatic symptoms. She brought up mainly her complaint and perfectionistic tendencies as she was consciously aware of them: her need to be liked, to be generous, self-sacrificing and forgiving, and, at the same time, to be more intelligent and better-informed than others. She constantly felt she was not being any of these, even to a normal degree, and called herself—and felt that I was calling her—stupid and selfish. Although she spoke insistently of feeling affection, resentment, and so forth, it was completely intellectualized, as if occurring in someone else. She discussed her ways of handling upsurges of anger: by being sick, by forcing herself to like people, by absolute physical control, by feeling guilty, and by externalizing.

After beginning to look at these qualities, she reacted with a series of dreams dealing generally with the theme of uncovering and hiding. She recalled fears she had had of sex and of being pregnant. She was troubled by a desire to steal little things, which she acted out by taking paper towels and magazines, then telling me about it each time. This seemed to be a testing of how far she could go against her own restrictions and me.

From this time on, until she left analysis, she experienced various and changing somatic symptoms almost constantly. These often changed from day to day, week to week, or even during the same hour. This first period consisted of nasal congestion and asthma or nausea and dizziness, lasting about four weeks. With them she often had

an urge for food and for sexual intercourse. During the sessions she fluctuated between extremes of feeling helpless and insecure, of hating herself for this and feeling that others hated her too, and feeling abused because others were indifferent. She began to see insincerity everywhere, emphasizing in herself the compulsiveness of her having to be so compliant. She then began to bring up incidents from her adolescence which were associated with change, spontaneity and aggressiveness; and at the same time, feelings about sex and "feminine" functions which she despised.

She became pregnant during the eighth month of analysis; her associations and dreams indicated considerable anxiety about this "growth" within her, which she was consciously unaware of. Her nasal congestion was interspersed with periods of running nose, but otherwise she was free from somatic symptoms. She seemed to have distanced herself emotionally and was unwilling to become involved in any sensitive question. The analysis was "smooth" in the sense of her not having any intense psychic swings. She might bring up some emotional theme, usually in externalized form, for one or two hours, then abruptly change the subject. She often spoke of spilling things or "cracks in the wall" with such shifts. Nevertheless, in spite of this elusiveness, we touched upon several of her claims: for affection without giving any, for attention devoid of emotional accompaniment, for freedom to "get away with" whatever she might want. Following this she began to again have the attacks of trembling. Although she related this primarily to sexual exposure, she gradually became more aware that this included other areas, such as sickness and tragedy, to which she could not expose herself. Now anxiously preoccupied with her forthcoming delivery, she was somewhat aware of her numbing herself to it, to the inner movement; relating this to her remoteness and not participating completely in personal relationships with others.

Her attacks stopped with this awareness, but she kept having a constantly changing somatic symptomatology from day to day. It seemed she was experiencing a consistent, though lower, level of anxiety, with rapid small swings into and away from it. This same movement was evidenced toward me in general questions or in asking directly for reassurance. Before discontinuing, although she kept emphasizing her unconcern about doing so—how unimportant and unreal it was—she brought up early memories of the few times she should have felt sadness but had not. She was angry, too, at people who did not understand her need for help. She could not ask for understanding; it would be a favor; she would feel guilty about it.

During her absence, she was free from her habitual allergic symptoms. She had occasional tremors which became more frequent before her return. For some time after she began again the constellation of her dependency feelings was in the forefront. We worked on this, emphasizing the difference between neurotic help-demanding and the healthy asking for help as self-assertion. She was experiencing conflict between her dependent needs and her needs for self-sufficiency, both on the reality level (between the demands of her baby son and her mother) and on the symbolic level. She felt confusion, caught between the acting-up and not-following routine of the baby, and her mother expecting him to be healthy and well-behaved. Her need to feel she could handle anything prevented her from

admitting her need for help. As she kept elaborating upon these needs, she began to make little moves toward a greater involvement with me and with her analysis—for instance, by commenting in a positive sense on the office or my appearance. To each movement she reacted with a headache or other somatic complaint, and often she would complain of difficulty in relating to her mother.

She shifted from the couch to the chair. Then, after remarking that she noticed for the first time that I was human, she felt like fighting and yelling and pulling me down to her level. This was followed by a stormy period of reaction: congested nose, cough, backaches. She missed several hours because of hoarseness. She kept feeling hostility toward everyone, while complaining that I did not give her enough reason to get angry with me. She projected much of this hostility onto people who were petty about money, easy-going, and with little expansiveness.

On several occasions she spontaneously related her clogged-up feeling to her husband's asking for sexual intercourse; then, more particularly, to her letting-go, as in real closeness and in orgasm. She began to question her feelings about being a woman, and to recall past incidents when she had preferred being strong, like a boy. Her usual respiratory reactions to such upsurges did not follow, but instead she was now having diarrhea. The theme of dishonesty was now coming up more frequently. She was asking what she was really like, what her appearance was like. Asking mother for help—to which she had previously related her asthmatic attacks—now began to appear as a demand for attention. She kept seeing frustrated aggressiveness in everyone.

While considering this aspect of herself, she had a running nose, urinary frequency, and hives. She consciously felt superior and smarter than her friends, able to disagree with them or with her family. A long series of dreams was largely about violent animals and mother going away—outright aggressiveness or giving up her controlling shoulds. Her having to control came into focus: her asthma as controlling mother, intelligence as controlling others, her feeling of strength in being able to control her asthma, her sexual desire, and her orgasm.

She began to bring up what it might feel like really to be a woman and felt less self-contempt therewith. For some time she questioned her mother's perfection, her idealized version of woman. Being a woman meant having a female body; she brought up her feelings about sex, in some detail. She seldom wished to have sexual relations and felt coerced by her husband's desire, though it was her duty not to refuse. She often felt disgust and unexpressed resentment. She recalled having felt her mother's condemnation of sexual parts. This body also meant having insides: anxiety-creating not only in the possibility of experiencing pain, but also in requiring her to give up some of her compulsive intellectualizing. Finally, it could mean having children, being a housewife, taking responsibility and caring for, instead of being the child who was cared for. As she brought up each of these attributes, she felt anxiety at times. At others she felt self-hate with awareness of her lacks. She responded in her usual defensive ways: somatization, externalization, becoming mildly depressed, or acting out.

Her dreams at this time had a recurrent theme of fatness and thinness in people; her preferring the latter and

not wishing to be in contact with the former. Being fat she associated with being warm, loose and womanly, also with "taking license" to do what she wanted. She began to see in a somewhat deeper sense that she had played a role by doing what others wanted—"what she should do." She had admired men and wished to be one because of their freedom, as she saw it, to do as they wished. With this movement, her nose was running constantly now. She began to experience a desire to be closer to her mother, brother, friends, but likewise to experience a blocking, a wall between her and others. Enlarging upon this latter feeling, she began to sense "dullness," "passivity," and "thinness" in others, and "far-awayness" and "emptiness" in herself. There was a fear of feeling her own inner emptiness and for some time her sessions were characterized by long silences.

She was more and more concerned with restrictions and demands: those she made on others and those she resentfully felt put upon her. She alternated between hours concerned with others (externalizing) and hours focusing upon herself. She seemed to be gradually becoming aware of the extent of her externalizing and taking some back into herself. In this connection, the significance of her rhinorhea and sneezing appeared to be abortive crying; she was now feeling on the side of her restricting herself. While she often felt conscious anxiety, or "falling apart," she also became aware of a certain pleasure in it, like scratching an itchy throat.

As the intensity of her restrictive shoulds came more into awareness, questions relating to her honesty, pretense, and duplicity occurred to her. Her father arose as a symbol, both in the sense of his being weak and secretive, and hard and stern. She then associated him with authority and the analyst. With this latter concern, her somatic symptoms again became acute: attacks of wheezing, nausea, trembling during the hours, backache at home. Unable to deny "sickness" (father) totally to herself any longer, she now began to often feel her members falling asleep, being cold or numb.

A series of dreams pictured her generally as being pretty, well-dressed, a good homemaker, a good sexual partner, seductive, and so forth. She became aware of her pride in being able to handle everything, in her seductiveness, in her narcissism. In the analysis her behavior and dress took on a new, seductive quality. She appeared with new hair-do's and new dresses; she changed her chair several times, even trying my own. Working on this charming-manipulative aspect of herself, she recalled how, as a child, looking prettily helpless brought attention. As an adolescent she had used sexiness to dominate. Since then she had employed other qualities—flirtatiousness, physical appeal, intelligence. The claims she asserted with these attitudes were for receiving without giving out anything, without effort.

With these awarenesses, she began to wonder whether she might not like to be a "typical" woman. She became more interested in housework and felt she was making friends with herself. But with each move toward self-acceptance, she reacted with nasal congestion and increasing sensations of pressure in her head or chest. Although she came close to tears several times in connection with her son, she was not yet able to cry.

She returned from a summer vacation during the fourth year with consciously experienced anxiety, although

without having had any somatic symptoms during the break. She described this anxiety as different from that previously felt. The usual frightening quality was absent. Her analytic hours felt different also. She participated more fully and more actively. She seemed to have less of a need to control through intellect; her associations showed less consistency, and it was difficult—at times impossible—to follow underlying themes.

Conflict came through all her recurrent associations: becoming involved versus withdrawal; opening up and warmth versus blocking passages and cold; tight and tense versus loose and smooth. These involved many areas of her experience: toward the analyst and the analysis; toward her parents and son; toward her husband socially and sexually; toward herself. She often felt nausea or diarrhea, had a congested or running nose, experienced much gut-rumbling and girdle-loosening during the hours. She began to find it more enjoyable to visit her mother and found her parents less demanding. Her father was now seen with mixed emotional value. He represented the average, an acceptance of limitations and illness, of humility—qualities usually despised from the viewpoint of her perfect image of herself and feared as threatening to her total neurotic position. At the same time, she began to see him more positively as good, natural, enduring, and with more feeling than her mother although she was unable to express it.

She decided to take courses in art and psychology at a local school (which seemed to represent both a constructive move and a move back to her old neurotic solution of "knowing"). In these she was able to act out many of her attitudes toward authority, such as abused feelings, claims for special attention, for understanding without effort, for the magic solution. Once she reacted with an argumentative outburst toward the teacher, which was duplicated to a lesser degree in the analytic hour. After it she felt out of control, then depressed. It was followed by unusually painful and overabundant menses. Working on her expansive trends, aggressiveness, independence, and rebellion, she began to distinguish between healthy self-assertion and compulsive acting-out.

Subsequently, she felt "more like a woman, with its softness and fragility." She came close to full-felt crying several times on recalling childhood events when she had had to be strong and unexpressive. As she let into her experience the deep, hitherto unacceptable feelings of loneliness and of wanting help which underlay this stoicism, she was more able to distinguish emotionally between a healthy request for help and compulsive dependency. As her pride in her masculine strength lessened, so too was the contempt for her weakness, her womanly qualities. Sickness was less terrifying. She challenged her "shoulds," identifying herself with the authority instead of feeling herself the little girl subject to irrational discipline. She was afraid that if he gave up her perfectionistic goals, she would be bereft of all existence. Death themes recurred, but she found them less frightening and counterbalanced by life and growth themes. She brought up past events on the positive, achievement side: an early interest in art, her real ability in school, her vivacity.

At one point, after a very scanty menstrual period, when she was feeling nauseous and thought she felt some breast tenderness, the possibility of pregnancy occurred. This produced a

reaction involving the entire gamut of her neurotic defenses: numbing and removing herself; control through domination or seductiveness, or absolute emotional squelching; appeals to love; appeals to magic. Her rapid shifting indicated that none of these solutions was working adequately. However, she tolerated her anxiety and stayed closely involved with it.

Soon thereafter her somatic symptoms began decreasing in intensity and frequency. Recurrent dreams of her father's death indicated that he symbolized her detachment and non-involvement, particularly as these referred to her major solution, perfectionistic intellectualism. She seemed to be radically revising her picture of herself. The "opposites" she had become aware of now no longer appeared as necessarily contradictory. She apparently was unifying her fragmentation, encompassing her conflicts. Her references to "back and forth" feelings were now often interspersed with expressions of "mine," "wholeness," and so forth. During the last few months of her analysis, she was free of somatic symptoms, in spite of her being aware of a certain low level of tension—and in spite of which she was able to enjoy her various activities, to laugh, and to cry freely.

Comments

In this analysis, the pattern of somatization had some particular characteristics. 1) For the first few months after beginning analysis, the patient was free from the symptoms previously experienced. 2) The somatic symptoms occurred in cycles of varying length and intensity. Usually, there was a sudden onset, then a gradual decrease or replacement by others. 3) The system affected varied: at times it was respiratory (nasal or bronchial), gastrointestinal (diarrhea-constipation), generalized motor (trembling), ocular (tearing or itching), genito-urinary (pollakiuria, pseudopregnancy). 4) At times the symptoms seemed to be related to anxiety in direct proportion, at other times not; they decreased even though the anxiety was high, increased when the anxiety was lessening. 5) Symptoms decreased toward the latter part of the analysis and finally disappeared. 6) They did not constitute a problem per se, nor did they interfere with her coming on a physical basis, except for two four-hour periods. Indeed, this discrepancy, the apparent experiential intensity of such symptoms contrasted with the minimal functional disability, furnished an important indication of their nature, as will be seen.

Personality Orientation

The presence of certain dynamic personality traits in a particular functional organization seems to be necessary, or at least seems to predispose, to the appearance of somatic symptoms. I do not feel that these constitute a "personality profile" or character typology, such as various authors have described, in that these are not static or descriptive attitudes or behavior traits. They are, rather, driving or energizing forces which we might variously call needs, demands, dynamic attitudes which have a peremptory effect and direction, but which may or may not be concretized into behavior.

The first of these is a pride-invested glorification of absolute health, both emotional and physical (body). It constitutes a predominant aspect of the idealized self-image or concept, implying a feeling of omnipotence in being able to overcome any physical illness-imperfection. It results in corresponding claims on life—namely, that the

person be invulnerable and immune to physical ailments. While such feelings may be partly conscious and behavioral, their intensity, compulsiveness and ramifications are unconscious. They are entwined with other personality traits, for instance, in this patient, with perfectionistic strivings and expansiveness.

As a derivative of this idealization of strength, "sickness" becomes highly charged emotionally, again both on a conscious and unconscious level. It becomes synonymous with weakness, fault, imperfection, and as such is accompanied by feelings of self-rejection (self-contempt, humiliation, self-hatred). More precisely, in this patient, at different times it signified dependency or submission, a lack of self-sufficiency, masculinity at one time and femininity at another, loss of control, being less smart, or intellectual means of dominating others. Even genuine emotional health was conceived of as sickness, since it meant acceptance of normal aches and pains of everyday life. During the analysis, as each of these elements came up and was worked upon, another would follow.

A second quality I have found in these patients is a characteristic type of intellectualizing which Horney has described as a general measure to relieve tension.[4] It is not the total intellectual detachment seen, for example, in some schizoid individuals, where the existence of the emotional-body is denied psychologically or put out of consciousness. In such cases, where supremacy of the mind predominates to an extreme, or there is extreme living in imagination, I have found somatization reactions infrequent; feelings are more completely transformed into thoughts.

In these patients, where there is a partial, conflictive appeal to intellectual ability, the body functions are admitted to awareness but are felt to intrude. The intellect is often experienced as a means of controlling. In the self-image it becomes associated with perfectionistic standards: knowing is willing away body functions. This patient had shoulds involving both her intellectual ability and her emotionalism. In her self-concept she was both smart and feelingful. In the healthy individual these qualities are complementary aspects of the total personality. Here each was compartmentalized and compulsive, and therefore mutually contradictory. She had to be both, but could be neither, having moved away from the conflict thereby generated. Through her somatization she was able to effect a satisfaction of both, comprising between a total form of intellectualization and a full emotionality.

Body Image and Somatization

A third characteristic of such patients is their attitude toward their body, basically a distortion of their body image. The child begins to develop a self-concept, the sense of "I," very early. It derives from the first awareness of his inner stimuli and movements, and from his outer surface stimuli. An important part of this self-concept is the body-image (body-schema, body-ego?), which has two aspects: a physical (postural model) and an emotional, both of which interrelate and influence each other. The former involves its appearance and its outer and inner configuration. It has contours, dimensions, depth, inside-outside, up-down, and organs. And although some of this may be conscious, it is largely an unconscious psychological image and may not agree with the actual body form. The latter consists both of the primary feeling-tone associated with the various body parts and functions,

as well as the emotional value secondarily ascribed to them through cultural influences.

Although many authors have emphasized that adequate and healthy external stimuli are necessary for the normal development of the self-concept, comparatively little attention has been devoted to the body-image development, or the relationship of this body-image to the total self-concept. A few workers, following the Freudian approach, such as Hoffer[5], Greenacre,[6, 7] Linn,[8] and Keiser,[9] have focused on the inclusion of particular body parts—the mouth, the hand-arm, the skin, the genitals—into the body-ego. They have postulated that these organs may remain or later become detached from the body-image, which would thus explain the appearance of somatic symptoms therein. But the attempts to relate this process solely to the psychosexual development and libidinal vicissitudes inevitably limits their purview. The body image thus not only becomes "genitalized," but fragmentary, of more or less isolated parts, rather than a unitary whole related to a total individual. Keiser's observations on patients in analysis who show a compulsive, concretizing intellectualization are most astute and correct. They indicate his awareness of this body-image-self relationship when he notes, for instance, that "the body-image was not part of nor blended with nor identical with the idea of the self . . . The pathological body-image was separated from the real self. Although this did not ward off anxiety, it did permit the patient to retain the feeling that he was safe." In addition he observed that "the body image never coalesced into a unitary whole, but persisted as a number of discrete parts which functioned independently of each other." But in discussing the particular symptoms which he related to the areas or organs allegedly involved in the distortions of libido fixation, he is apparently unaware that his theoretical viewpoint leads him to a fragmentary, disconnected image, however true this observation might be in the patients.

Using a more holistic approach, Schilder[10] has described the various and numerous factors—including developmental, libidinous and social—which enter into the formation of this image, and has related various clinicopathological states to it. L. Bender[11] has extensively studied distortions of the body-image in hospitalized children, as evidenced in their drawings of themselves. In fact, she holds that some distortion of this physical self-image is a basic condition for childhood schizophrenia. which is thus seen as a "soft" organic condition.

Zuger[12] has described the earliest stage of self-development as the "phase of self-discovery," followed by the "phase of self-possession," which continues through adolescence. He thereby stresses the importance not only of external emotional stimuli, but of the formation of a physical self-image through discovery and awareness of the body; and of then assimilating or incorporating (taking possession of) this body-image into the total self-concept. He has suggested that certain early psychosomatic conditions may be the result of undue or distorted emphasis upon the body part involved—the bladder and enuresis, for instance—so that it is excluded from or otherwise distorted in the body-image. This approach has the advantage of going beyond the purely libidinal factors, and of pointing out that there is such a process as self-acceptance.

The Freudian psychoanalytic expla-

nation of such somatization as distorted libido-fixation, or the Adlerian one of organ inferiority, are not adequate to explain many clinical observations. For instance, they cannot account for such phenomena as the rapid shifting of somatic symptoms, unless we postulate a singularly loose energy cathexis, or for the simultaneous somatic involvement of different systems, whether in more fixed patterns, somatic diseases,[13] or in more transitory patterns, as seen during analysis.

I feel that a more inclusive explanation must be sought in the distortions of the body-image, not only during early childhood development but later as well, during neurotic personality development. This image is constantly changing during both physical and emotional growth, during the entire lifetime. It is influenced by internal modifications, such as sexual drives, illnesses, physical defects, by external perceptual and conceptual relationships (such as in the case presented here, by mothers' attitudes toward illness), and by self-generated neurotic patterns—namely, self-idealization and self-rejection. Abnormal emotional development is accompanied by distorted body-image development, one affecting the other mutually, both as cause and effect. Alienation from the real self includes the physical self also. And although every neurotic person is more or less estranged from his self, in these somatizing patients the body-image is peculiarly implicated.

Especially dramatic examples selected from many such cases include one man with a slight, congenital hyperhidrosis of his palms, who pictured himself as having a small body with large hands, although he was really quite tall. Requiring tremendous control as a solution of the conflict between his idealized concept of himself as considerate, charming, and suave on one hand, and exploitative and scheming on the other, his hands became the predominant expression of any emotion which did not correspond to the picture he wished to present at the time; anything which might get through his control and give him away. He had frequent dreams of being enclosed in boxes, or cemented in concrete or submerged in water, with only his hands sticking out. His somatic symptoms consisted of intermittent tremor, acrocyanosis with paresthesias, and dermatitis, all confined to his hands. After two years of analysis, his pattern began to change to include headaches and palpitations.

Another such patient, who had had an eye surgically removed for a tumor during late childhood, had a body-image of herself as having tremendous eyes, a large plump body, and small extremities, although she was fairly thin with long limbs. Her somatic symptoms included headache, dizziness, and itching or tearing in her remaining eye. In her idealized self-concept she was a kind, self-sacrificing motherly woman, helpless in an abusive world. In her real attitude to others she was extremely manipulative, arrogant-vindictive, and sexually seductive. Although she had some intellectual knowledge of these latter feelings, they were in an emotional sense largely unconscious. And her psychosomatic symptoms would recur when such feelings came into awareness and threatened her idealized image.

The patient described previously in this paper had idealized strength and bigness, and associated with it idealized maleness. Her normal attributes of femaleness—breasts, menses, pregnancy —were associated with weakness and

rejected. Alienated from her real inner experiential center, yet subject to the compulsive "shoulds" of having proper emotional-physical reactions like other people, such as crying, she had to find a means of expression that would at once be inside-emotional and outside-physical. Somatic reactions, in the sense of being more superficial, more "surface" than direct emotional experience, while still easily relatable to herself, would best serve this purpose. They would thus be a way of both experiencing emotionally unpleasant (to her) qualities, and also keeping them at a distance—the greatest possible distance while still belonging to her. She is at once saying "I have and I have not emotions and a body."

Somatic Symptoms and Duplicity

This easy visibility and accessibility of somatic symptoms to perceptual experience also permits a greater lack of openness, of pretense (duplicity) to the individual. Thus, this patient was able to show others (and herself, as well) that she had a means of controlling them, for instance, when she might be feeling helpless; or that she was feeling suffering or some other emotion in the absence of any profoundly experienced real affect. With such manifest evidence, she could convincingly feel she was honest and real and thus avoid awareness of her fundamental duplicity. By the same token, however, accessibility is important in a constructive sense. It provides an index of inner processes otherwise difficult to obtain. For this patient it was part of testing her tolerance of anxiety and conflict-situations. Somatic symptoms thus constitute an essential, though distorted, way of self-experience when more direct ways are not available.

Specificity

The psychic (emotional) factor varied at different times in connection with the same somatic symptoms, and vice versa. Many different dynamisms came up for examination during the variations of particular somatic symptoms. Thus, her respiratory symptoms were exacerbated when she experienced her needs for attention and/or affection, her needs to dominate, to distance herself, or with her self-frustration of these needs; or later as she was taking a stand against her shoulds, with disintegrative shifts in her idealized image of herself, with the experience of self-hate and self-contempt. Nevertheless, it is difficult to affirm from the apparent concurrence how valid the connection really is or whether there is any direct one-to-one specificity of psychic-physical function. Certainly from the viewpoint of analytic therapeutics we attempt to determine and select whatever underlying feeling or theme is evident at a particular moment, from our awareness of the patient's total communicated context in the process of analysis, in order to further this process. Therefore, as part of analytic technique, whenever such psycho-physical relationships can beneficially be brought to the patient's awareness (either spontaneously or through interpretation), it might be indicated to do so. In the case under discussion, the patient's anxiety at times was diminished by so doing—and at other times not. Therefore, in context—her asthma, for instance—appeared at one point as a conflictual crying-out for help; at another, along with sneezing, as an ambivalent laughing, or as a conflict over breathing freely; or her sneezing as a pleasure-giving "throat tickling"; her eye burning as a question of emotion-

ally "seeing"; her nausea as self-disgust; her dysmenorrhea as conflict over "womanness"; and various sphincteric openings or closings as emotional letting go or holding back.

However, I feel that even such symptomatic improvement does not validate the assumption of a specific psychophysiological relationship between the apparent emotional process and somatic symptom appearing at the same time. In the first place, every "trait" or attitude, as a dynamic tendency or movement, is in direct relation to other reinforcing or opposing traits, to the conflict so produced, and to the anxiety resulting therefrom. This was emphasized by Schilder[14] in his concept of inner functional "sphere" or group of unconscious interrelated affects. It is a moot question whether any particular "trait" can be isolated from the constellation of total inner experience it is embedded in, and more exclusively related to the somatic symptom than some other concurrent trait.

Secondly, the anxiety relieving effect may be due to other mechanisms. For instance, it may be due to focusing awareness on a body part in relation to inner activity as enlarging the total experience of the self. One focusing of such symptoms that was often permitted with good therapeutic results was to relate their tempo and rhythmic changes to psychic shifts and other body rhythms.

Anxiety and Somatization

Many investigators have attempted to qualify the "nature" of anxiety. Some have claimed that by definition it is a pathological affect. Some have distinguished between defensive and signal anxiety,[5, 7] between neurotic or healthy anxiety,[15] between rational or irrational anxiety.[8] Recently an existential anxiety is described, which is neither healthy nor neurotic, but an essential attribute of normal existence today.[16] While it is beyond the scope of this paper to dwell on the details involved in such considerations, I feel that such a blanket qualification tends to confuse rather than clarify, particularly insofar as it relates to psychosomatization. The investigators do this because they try to describe quite different aspects of anxiety at the same time. Thus, healthy or neurotic anxiety may refer to its experiential nature, its intensity and quality; to its sources—whether it is produced by rational or irrational, by healthy or compulsive forces; to its effects—whether it produces effective action or indecisiveness and paralysis; to its social values—whether it is appropriate or not in the context of the situation. We could speak of anxiety in a healthy or neurotic individual, or produced by compulsive conflict, but not of neurotic anxiety. This is particularly pertinent in relation to the appearance of somatic symbols.

As we have seen, although in this patient the somatic symptoms at times seemed to be related to the presence of anxiety (limited specificity), this was not a simple or direct quantitative relationship. There were intense somatic symptoms with a minimum or absence of anxiety, or no symptoms with considerable anxiety. This agrees with the observations of Reid[15] that the degree of somatic involvement does not correspond necessarily either to the intensity of conflict or of the anxiety. In other words, although body participation is a normal physiological component of any effective state, including anxiety, the presence of anxiety or conflict *per se* does not lead to a predominant somatic expression. In order to

explain the latter state, various conditions have been implicated.

According to Freudian theory,[17, 18] there must not only be strong repressive forces, so that the active instinctual impulses will seek a devious circuit of expression, but also a "libidinization" or "genitalization" of body parts to become the focal point of expression. Martin[19] enlarged the concept of conflict inherent in repression to include the active opposition of any compulsive tendency by any other equally compulsive tendency; somatization may occur when the conflict becomes an acute "dilemma" by emerging into consciousness. Weiss[20] emphasized that not only may opposing neurotic character traits conflict, but also that the total idealized self-image exerts a conflictual "clamping-down" effect. Somatization is seen to be, in effect, a compromise solution when other defensive solutions do not work. As such, the patient would have to "hold on" to his somatic symptoms to avoid the anxiety he could not otherwise cope with.

None of these theories adequately clarifies the particular nature of the conflicts insofar as they relate to the selection of the body for expressing the solution in preference to some other form of expression, such as dreams. And while the notion of compromise solution is valid, what imports is not the special character traits in conflict, but rather the compulsive emotionality-intellectualization conflict.

Thus, the qualitative nature of their anxiety is of special importance in these patients, regardless of the particular conflicts which may have engendered it. There seems to be a distortion of their total experience of anxiety. This is not the simple blocking or damming up of its adequate discharge, as is claimed by some psychoanalytic authors.[21] This distortion involves two faculties: first it is a blurring of the experiential awareness of the anxiety as an existent inner emotional impulse. This is a part of the self-alienation characteristic of the neurotic process in general, including all inner processes. Such an awareness is both perceptual and conceptual, though not necessarily intellectual. It does not refer to either conscious or unconscious anxiety as these terms are conventionally used. Briefly, it is an inability of these patients to identify their anxiety.

Secondly, it is a decrease of the capacity to assimilate or become freely involved with the anxiety as an emergent affective experience, however it may be distortedly felt. In this sense, the somatic symptom is at once a limited and limiting expression of anxiety. Accordingly, as the patient in analysis becomes less estranged from his inner qualities and more able freely to experience them all, including his anxiety, the somatic symptoms may also be expected to diminish, while at the same time the intensity of his anxiety may be decreasing, though not necessarily so, through resolution of his neurotic conflicts. This occurred in the case under discussion here. The somatization tends to decrease as the anxiety can be more tolerated and more freely entered into. The appearance and evolution of any somatic symptom during analysis is a composite function of the interplay between these two factors: the emergence of anxiety into experience (itself depending on emotional awareness of conflict, the capacity to resolve it, and other neurotic defenses), and the ability to freely tolerate the anxiety.

Psychosomatization as Restitutive

Implicit in the foregoing is the notion that the presence of anxiety may

be a normal (healthy) phenomenon as well as a neurotic one. This might apply in several ways: that the anxiety might result from non-compulsive personality factors (what is often termed, though incorrectly, healthy anxiety); that the ability to tolerate anxiety may be greater (healthier) or lesser (neurotic); that the anxiety may occur during movement in an obstructive (neurotic) or constructive direction.

But the presence of psychosomatic symptoms would at first glance appear to be only pathological, indicative of neurotic process. However, I feel that another type of function could be indicated, which is neither solely neurotic nor solely healthy, but is either or both. This I would designate as restitutive. By this I mean a way of maintaining and affirming the integrity of the organism. Certainly not only somatization, but other organismic functions may represent this type of function, whether it be neurotic or healthy, destructive or constructive at some other biological or psychic level.

Restitutive function as evidenced in this patient's symptomatology, had three characteristics. First, it seemed to be a self-regulating process, comparable to the feedback mechanism of cybernetics, in which inner variations of parts of the circuit—body parts or changing states of tension—influenced other parts and the total state of tension. Clinically this tendency could be sensed in connection with her somatic symptoms, as a testing both of her healthy strengths or her neurotic resistances.

Second, it was an equilibrium-seeking process, comparable to the homostatic tendency of Cannon.[22] It tends to bring the organism on one hand to a uniform state of tension throughout, and on the other to that level of tension which will be optimally tolerated and acceptable—given whatever level of over-all activity the organism is then functioning at and whatever the local conditions are. By this property there can be no distinction between internal and external milieu as psychophysiological experience. Both form an interacting dynamic unity.

Third, these two properties are not inconsistent with the direction inherent in constructive growth. Equilibrium-seeking at any level of anxiety, conflict, or tension, is neither static nor regressive. It does not necessarily imply a lessening, although this may temporarily occur. In this characteristic it differs from what is usually considered as the psychological mechanism of defense or solution. These latter dynamisms are directed at avoiding psychologically painful experience. On the contrary, this patient was constantly moving toward a higher level of tolerance at the same time that she was experiencing qualitative changes in the way of experiencing. Periods of somatic symptoms permitted a plateau, a pause for the consolidation of previous intrapsychic movement, a temporary experiencing of a newer psychic organization. Periods of freedom from somatic symptoms had often indicated movements in the direction of neurosis, more successful resistances—distancing herself or other neurotic solutions. Or, occurring after longer periods of consistently low-level anxiety or somatization, they indicated that she was now ready to proceed further into the conflict-producing sphere.

Restitutive function, as expressed in somatization in this case, is a basic pattern of psychological expression which differs from neurotic patterns in not necessarily being compulsively adopted for security-safety needs, although it

may become imbricated with neurotic development and take on a compulsive quality. It could be either constructive or obstructive, depending on the way we view it. And what is retarding or destructive to one point of reference or at one level may be constructive at another.

Although this concept is in some ways similar to Goldstein's concept of optimal behavior,[23] it has a significant difference. He maintains that in cases of impairment of partial function (whether by internal or external inhibitory stimuli) the organism will behave in the best possible way, so as to avoid "disorderliness" or "catastrophic reactions" (anxiety) in its total activity related to the external causal environment. This type of behavior implies a teleology, the "best possible" having as its goal a certain adjustment relationship with the external milieu. That is, although he admits the inherent faculty of "direction" toward the actualization of its capacities in all living things, the optimal quality of its behavior is judged by its relation to the outside. I would see the directiveness of restitutive function as being perhaps influenced by external stimuli, but definitely not depending upon them. It may sometimes manifest itself, as far as symptoms are concerned, in spite of the external situation, or in ways which, while optimally consistent with the patient's impaired capacities, are not optimal to the external situation.

Process of Somatization

The question of *how* somatization is produced cuts across motivational factors. The process refers to the psychological mechanisms through which the various personality elements—the idealization and rejection of attitudes and self-aspects, body-image distortions, functioning in restitutive direction—are translated into somatic symptoms.

I have presented elsewhere the concept of modes of reflexive presentation of inner experience.[24] In brief, according to this notion, all stimuli arising within the organism, regardless of their nature or source, whether primary (affects, instinctual urges, etc.) or secondary in reaction to external stimuli, are available to awareness and are self-directed. The mode of experience is the total pattern-process in which such stimuli present themselves to the individual. This self-presentation is neither conscious nor unconscious in the usual sense, but, rather, a total self-reporting. It is neither ego function nor id activity, but more inclusive than either. And the self has constant awareness of this process at the same time that it is directing it. The various modes of experience constitute what we ordinarily experience as attitudes, subject-object polarity, conception or imagery, thought or ideation, affects, or action.

Externalization is an important mechanism of self-presentation. The self brings its inner events to its own total awareness by seeing them as external occurrences, completely or in part. The means by which these various modes are brought about, is through the symbolizing faculty of the organism, taken in its broadest sense as the representation of one event by another. Externalization is but one form of the more inclusive mechanism of spatialization, which may be used to insure the optimal representative value to the symbolizing process. Other such mechanisms are objectification and temporalization. But it is particularly important insofar as somatization is concerned, since inner space is as significant as the external world. The body, as it is con-

ceived by the individual (body-image and body-concept) becomes the framework for the externalized inner stimuli.

Configurational distortions in this image will result in spatial distortions and symptoms related thereto—phantom limb, pain asymbolia. Conceptual distortions may give rise to psychosomatic symptoms. Since the symbolization process operates at many levels of self-experience, of varying degrees of complexity, and since the body image appears to be relatively more stable than psychic changes, the somatic symptoms will thus vary less than psychic events. And the same somatic symptom may thus express many intra-organismic stimuli, from the more simple to the more complex. Likewise, several modes of presentation may be operative at the same time. For instance, where gut-pain may be experienced simultaneously with a mental image as associations to a particular emotional stimulus. We might say that the reflexive circuits are of different directness, more or less distorted. The patient who has a shift in somatic symptoms from headache to respiratory to intestinal is expressing a shift in the configuration of his constellation of psychic factors.

The various body symptoms are thus not only the direct overflow of one or several affects or affectively charged ideas, but also self-presentations of the inner organization (configuration) of this psychic-affective state. The individual who has contradictory, compulsive, energy charged attitudes may experience anxiety. His somatic symptoms express not only the anxiety, but more specifically represent his way of becoming aware of the anxiety in a particular inner context. Somatic symptoms are thus symbolic, but not object-symbols. They are rather *symbolizings* of psychic movements.

Somatization as a Preferred Pattern

In this patient, somatization was an important pattern of symbolized self-presentation of inner experience. In others it may be such different channels as reasoning, acting-out, or dreaming. For instance, one of my borderline schizophrenic patients laces innumerable dreams into his accounts of waking experiences, without separation, so that it is difficult to distinguish where one leaves off and the other begins. To him both experiences are equally real and equally representative of what is occurring within himself. This is his pattern of being, in the same way that predominant somatization may be a pattern of being in the existential sense, if you will. And these must be distinguished from neurotic personality orientations developed as solutions to inner conflicts.

Although temperamental factors may influence these patterns, compulsive anxiety driven personality trends, such as supremacy of mind or other neurotic distortions, such as alienation from the self, may contribute to the adoption of such patterns. But as holistic forms of function they must be seen as being selected, because any particular one provides the greatest possible self-representative awareness of inner processes, given the personality organization at the time, and because that one selected is most familiar to the person. "Familiarity" would involve many factors. Among these might be mentioned the ease with which it is learned; the emotional state at the time of learning—the degree of freedom from conflict, degree of closeness to one's experiential self; its effectiveness in most consistently satisfying healthy or neurotic needs at the time of learning and there-

after; and the degree to which the pattern is consistent with the symbolizing systems of the person. Cultural or family influences would thus be important in making available, or emphasizing, particular patterns to be later used as channels of symbolic expression. As one example, Symonds[16] has noted among adolescents hospitalized for varying emotional disturbances a greater percentage of somatic symptoms among those of Italian descent, and fewer symptoms but a greater hypochondriacal preoccupation among those of Jewish descent.

Summary

Present theories are inadequate to explain the origin, different clinical forms and changes, or significance of psychosomatic symptoms. This is so partly because they study such symptomatology from a developmental (historical-genetic) viewpoint too exclusively, and partly because they are based on the concept of a duality or psychic and somatic entities, with a cause-effect relationship between more or less specific psychic (emotional) and physical constellations. By contrast, the study of the occurrence and variations in such somatic symptoms during psychoanalysis, in correlation with changes in the dynamics of the neurotic process, permits a greater understanding of the factors involved in somatization.

A case of a woman representative of a large number of grossly similar patients is discussed. She has a record of prominent psychosomatic symptoms during her lifetime, but has showed important variations in these symptoms in about five years of analysis. While in analysis, the symptoms occurred in cycles, affected varying somatic systems, and could be related to dynamic intrapsychic movements. It is felt that particular dynamic qualities observed in this patient can be applied to the process of somatization in general.

Conclusions pertained to three areas: dynamic forces which predisposed to somatization (motivational-causal); functional characteristics of the somatic symptoms; a theory of psychophysical transformation.

As to the first, a predominant tendency to somatization reactions is seen to result from several dynamic personality factors acting together:

1) A pride-invested idealization of physical health, with contempt for and rejection of "sickness." The latter is associated with various emotionally charged attitudes and self-concepts depending on specific conflicts and solutions thereof in each patient.

2) A partial, conflictual form of control of emotional expression through supremacy of the mind. Somatization is a compromise between compulsive emotional body-expression and compulsive intellectualization.

3) A distortion of the body-image in which particular body parts are either overvalued (idealized) or rejected, thereby being selectively involved in the alienation from the self characteristic of general neurotic development.

From the viewpoint of psychophysiological function, somatic symptoms were found to be:

1) Non-specific insofar as a particular symptom might relate to a particular personality trait or profile. Although a suggestive correlation (which could be used analytically) occasionally appeared, it could not be stated whether the symptom was primarily related to the apparent psychic trait, to its functional antagonist in conflict, to the conflict itself, to the anxiety so produced, or to some related dynamic force.

2) Not quantitatively related to the intensity of the anxiety experienced.

3) Related to the quality of the anxiety experience. Symptoms diminished as the patient was better able to identify her anxiety and remain more totally involved with it.

4) Restitutive. Somatic symptoms could not be considered as pathological in themselves, nor as indicating movement in a healthy or neurotic direction. Instead they seemed to be part of a self-regulating equilibrium seeking organismic process, leading toward a greater accommodation to anxiety.

Finally, a theory is advanced as to how the various above-mentioned motivational forces (personality traits, needs, conflicts, etc.) are transformed into somatic manifestations. This postulates that the individual presents to himself (reflexively) all inner experience as best he can, within the limits of any neurotic distortion. This is done through the symbolizing capacity of the self. Projection (externalizing or internal) is one of mechanisms of this symbolizing process, and spatialization is one of the means used therein. Since the body-image has inner spatial dimensions, it is used as a framework for such projection. Psychosomatization is thus seen as a symbolized self-presentatory mode of experience of inner psychic events.

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COMMUNING AND RELATING

PART V—SEPARATENESS AND TOGETHERNESS

HAROLD KELMAN

AS THERE ARE many steps on the way to communing, paths to it and forms of it, so there are many theoretical guides and feeling experiences to aid in its happening. The concept relationship and the experience relating are of such help. It is via them that we finally come to communing, and that is what we have in the evolution of psychoanalysis. It has been my main thesis that relating is an aspect of communing and a special case of it. Only after having had long experience with relationship and relating do we become aware of the more comprehensive process of communing and the need for it.

SCIENTIFIC METHODS

Some recapitulation and filling in may help us move along the continuum transference, relationship, relating to communing. Science, from Galileo on, was based on the notion of an object that would remain the same and could be examined without being influenced—changed—by the observer.[1] A human being was considered as an object and so viewed. As the scientific method evolved, it became apparent that only isolated aspects of human beings could be examined. To describe aspects laws were formulated, but they applied to ideal situations which, in fact, did not obtain. The law was a concept, an idea. Of a human being, of an I, concepts were formed. Here we have the beginning of the concept of an ideal I, of an ideal human being.

As the social sciences came into being, the importance of environment became apparent and had to be taken into account. Of environment another object was made. We now had the individual as object and the environment as object being examined by what we now call non-participating observers. Here again hypothetical ideal cases were used: an ideal human being and an ideal environment. Because of the nature of western thinking, they had to be seen as a dualism and as in opposition. Regarded as two separable and separated objects when juxtaposed, they had to be seen as irreconcilably opposed. The formulation always was individual versus environment, nature versus nurture.

The next step in a deeper and wider understanding of these two hypothetically separated objects was through the use of the concept relationship. As I stated in Part I, relationship is a concept, a logical genus. It is a noun that can refer to a logical genus or to an experience concerning persons. We must always clearly distinguish in what sense we are using it.

Harold Kelman, M.D., Harvard, 1931; D.Md.Sc., Columbia, 1938, is a Diplomate of the American Board of Neurology and Psychiatry, fellow of the American Psychiatric Association, and charter member of the Academy of Psychoanalysis. He is editor of the American Journal of Psychoanalysis, Dean of the American Institute for Psychoanalysis, and a lecturer there and at the New School for Social Research. This paper was read in part before the Association for the Advancement of Psychoanalysis at the New York Academy of Medicine on September 30, 1959.

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When the limits of productive usage of relationship as a logical genus are clearly seen, then we must avail ourselves of the logical genus system. Relationship used to mean a human experience has been widely and loosely used to include relating and communing. I feel, in keeping with the ongoing nature of processes in human experiencing, that the word *relating* is more communicative than *relationship* or *relatedness* and that the verb *communing* be used to point at those specific human situations I have so identified.

When the concept *relation* was used, whether it referred to simple, comparative, complex, or causal relations, it implied separate objects, with or without an in-between area which, when present, served merely for disjunction of the relata. That was when relation was used in a logical sense.[2] However, when it was used in the sense of an experience, an area, an in-between space was implied in which many happenings were believed to take place. Also when so used the direction of reference was explicitly totally outward and other-directed. Implied was self-directedness, but it was not explicitly stated. Also implied in using the concept relationship and the experience of relationships were system thinking and what I have called communing. I feel some evidence for this was Sullivan's interest in Dewey's transactional approach, and the directions of development taken by some of those who have been influenced by him.

To follow what I am now going to develop, it might help to make some diagrams as I go along. Nineteenth century science operated with the notions of matter, entities, permanence, the uninvolved observer, and the atomistic method. As a first diagram draw a circle to stand for an entity, a bit of inanimate or animate matter or an atom. Using the experimental method and hypothetical ideal cases, scientists formulated laws which allegedly were exact.

In the twentieth century, as science moved into subatomic and astrophysics, it became apparent that the observer was not uninvolved, but was influenced by what he was observing, by the fact of his observing, and by the instrumentalities with which he did that observing. Laws now could only be expected to be approximate. Instead of the concepts *force* and *matter* being predominant, *energy* and *behavior* became the guiding notions. It had become necessary to think in new categories.

Up to this point a circle could stand for what was being observed, as though it existed in vacuo or out of context with everything else. Now the observing process had to be included—the environment of what was being observed and being influenced. This second step, the observing process, could be depicted by an ellipse; a circle in it, that which was being observed. However, you will note that the observer is still left out.

About Step 3 in science, where the observer is also included, much has been written, some of which I described in Part 1. I referred to the observer being confronted by his own mind, which in the East had always been its main interest, namely, consciousness. Scientists began to admit that with their methods they could only experiment with and formulate laws about a small segment of reality and only physical reality, at that. Also they began to question the mathematical pictures they drew of that reality. Was it reality they saw or was it an illusion of their own mind?

Step 3 in the evolution of scientific methodology might be indicated by the circle, namely, what was being observed; the ellipse around it, as the observing process; and a second larger ellipse around that to indicate the observer or, more accurately, the observing mind of the observer, observing the process of observing what was being observed. This is difficult to follow, but is an accurate description of the total process up to this point. It is difficult because it points up the complexities we get into in the West as long as we remain caught in dualistic thinking—of an observer and an observed, the subject/object dualism.

Until the advent of twentieth century

science we could successfully avoid seeing the inherent dualisms in western thinking. We could and did make great scientific advances before this dilemma finally caught up with us. The realization of it, the facing of it, and the attempted resolutions of it are the crisis of the western world today. But the West has so influenced the whole world that it in fact is the world crisis. Metaphorically and factually, it could be resolved by long and painful efforts. Or it could be solved in almost an instant by one human being in possession of an atom bomb in a moment of mental aberration. This is really the first time in human history that one human being could actually destroy the whole world with what he set in motion. Not once but many times I have heard this fear expressed on both sides of the Iron Curtain. For our survival it is essential that we not only think and feel in new categories, but more deeply understand the creator of these new categories, Man. And this leads me to the evolution of methodology in psychiatry and in the sciences of man.

Psychiatry, much younger, naturally emulated the so-called exact sciences. In the nineteenth century a human being was also scientifically regarded as an entity. So, for step one in the scientific investigation of humanism, we might designate a human being as an entity, as a circle. But as we proceed, it will become apparent that the evolution of investigative methods for understanding man presents quite new problems, different from what obtained with inanimate matter. These problems also threw into the foreground many unconscious assumptions and misconceptions.

So let us start with a circle (Step 1, Diagram 4) to stand for a human being, an I, a me, as object. Unwittingly, people fall into many methodological errors because a circle has definite boundaries, and also because a human being has physical boundaries, such as his skin surface. Both look clearly and sharply demarcated. But, as we shall see, the issue is not so sharp. When does the air you breathe become individual: at your nostrils? in your trachea? at the surface of your lung alveoli? or only when it passes into your bloodstream? Also one must differentiate between a concrete physical human being, a circle which is itself concrete but used as an abstraction to connote a concretion, and a logical abstraction like the concept *individual,* the concept *self,* or the concepts *subject* or *object.*

But I have already begun to talk about environment. For many reasons psychiatric investigation very soon had to take environment into account, but it did so, understandably, on a versus basis: organism versus environment. This was but one expression of dualistic thinking. Environment included inanimate and animate nature and, of course, people. However each was considered as though it were an isolated and isolable separate entity. Therefore, to represent this second step in psychiatric investigation, below the single circle which was to represent an individual, I, as object, we must now put two circles, one next to the other.

But in view of what I have said about the concept relation and the experience relationship, you will have to draw two sets, one set with two circles next to and touching each other and the other with a space in between, (Step 2, Diagrams 5a and 5b). One of the two circles can be designated, individual, an I, and the other, environment. When the two circles are close, the notions of separated, different, and opposed can be easily seen. When there is a space between, the notion of relationship and between becomes evident. But again we must not confuse an abstraction on a piece of paper, which looks sharply delimited, from a real human being and real environment.

I said let one circle stand for environment. But that is a purely logical and tentative convenience. Here again we are in real difficulty. What environment is so sharply limited? One could say the husband for the wife and wife for husband in the sex act. But each is only the immediate environment for the other and both live in an extended environment which has vary-

ing degrees of relevance for each. So we see that a circle as a concretion of an abstraction, and of an individual designated by the circle, may lead us into error if we are not clear about their being different levels of discourse. We see how this error, if it happens, is exposed when we try to make a sharply delimited circle of an environment. Yes, we can delimit the environment with which we wish to be concerned, but we must remember that we made that arbitrary delineation for our own purposes.

We have so far a single circle connoting an individual, as Step 1, Diagram 4. Below this we have two sets of circles; one set contiguous and one set separated, as Step 2, Diagrams 5a and 5b. One is identified as individual and the other as environment. But as the sciences of man evolved, it became apparent that new categories for investigation were required. This became essential as it became evident that individual and environment were in fact not separated or separable, but that to be more accurate we could only speak of the individual being in and of his environment. So now below the individual circle, and the two sets of circles we must add Step 3. For this let us draw an ellipse or, more accurately, three of them, one below the other. Each will be one aspect of Step 3. In one ellipse put a circle, a little off center, and label it individual with the letter I. In the large empty space put an E which stands for all environments for that individual, immediate and extended (Diagram 6a). In ellipse two, put one circle to the left of the center and another to the right of center, with a space between, and letter each one I and put an E outside both circles, but inside of the ellipse (Diagram 6b). Here then are two individuals being in and of their environments, and their environments being constituted of human and inanimate nature. In this ellipse there is a physical space between. Now in ellipse three put two circles to the right and left of the midline and touching. Put a letter I in each and a letter E outside both but inside the ellipse (Diagram 6c). In this instance there is no physical space between, and the notion of separate and opposed appears more appropriate than the concept relationship which seemed more pertinent to the second ellipse.

With ellipse two (Diagram 6b) and three (Diagram 6c), I feel I can bring out more clearly some hidden confusions. Clearly in ellipse three the two I's are contiguous, in contact, touching physically. In ellipse two they are not. But the individual or individuals in all three ellipses are not only contiguous with, but continuous with, their environments in the physical sense. The lines on a piece of paper and the physical limits of a human body or an inanimate object look as though there is a "real" separation when, in fact, this is physically never so.

To recapitulate: the separation and discreteness of the circles, it must be remembered, are logical constructions, not actual existences. I could just as well—and even more accurately—make the circles out of a succession of dots not quite touching each other. It could look like a perfectly closed circle and yet would be open to its inside and outside in a thousand places. Further, the apparent physical separateness of individual and environment is only apparently so. So total separateness does not exist in a physical sense, nor does total continuity. However, when we come to the subjective, the emotional realm, we are living in another order. We are experiencing feelings, not forming concepts, much as we may be forced by our western mental structure to form concepts of our feelings to communicate them.

But to pick up Step 3 again. Since we still are dealing in concepts and governed by western thought, we must take the non-participating observer into account. We can do so by drawing a circle to the right or left of each diagram in Step 1, 2 and 3, contiguous or at a distance. This would be Step 4, Diagrams 7, 8a and 8b, and 9a, 9b and 9c. Both ways, contiguous or at a distance, the old problems are repeated. The non-participating observer (N.P.O.) is viewed as if he were an isolated and isolable

object or subject in opposition to what he is observing.

A fifth step has to be taken. We could represent it by putting an even larger ellipse around each of the three ellipses in Step 4, but specifically around Diagrams 9a, 9b and 9c. The larger ellipse would encompass the circle standing for the N.P.O. in all three diagrams. This would be Step 5, Diagrams 10a, 10b and 10c. The non-participating observer (N.P.O.) has now become a participating observer (P.O.). Problems are now compounded because he is now in and of what he is observing. He is influencing it and, what is more, being influenced by it. He not only has to observe what is around him, but also what is going on in him while influencing and being influenced, clearly an impossible task. The problems presented in Step 3, relative to the so-called exact sciences, of the observer observing his mind observing, are now increased geometrically. We have an observing-influencing-observer concomitantly self-observing which would include observing the effects of his observing-influencing-environment. As long as this is obtaining, the old dualism of an observer and an observed remains.

But let us pick up again the ellipses of Step 3. Using the concept relationship to understand what was obtaining in each of the ellipses, it became evident that another logical genus was necessary. It was called system-thinking, which I have discussed at length in Part I of this paper. It opened wider vistas for understanding than heretofore had been possible. But these are logical forms, concepts, and abstractions for intricate moving processes. Also, as I said earlier, at some point all our concepts, logical forms, and theories reach their limits of possibility and must be left behind. We are now in the world of experiencing, and experiencing cannot be put in words. What the words are and describe are abstractions from and aspects of the experiencing. To describe experiencing in our Step 5, we must leave behind the world of logical forms and use those of the arts and religion. What is behind all determinate forms is what Northrop called the indeterminate, undifferentiated, aesthetic continuum.[3] To communicate what it is, a certain type of Japanese impressionistic art is necessary and even it is also an abstraction.

So, while an observing-influencing-observer is trying to describe what is going on in Step 5, he is using dualistic thinking, whether he uses the forms of mathematics, concepts, or the arts. This struggling and attempting is the history of science and the arts. Its very impossibility spurs us on to ever new and original solutions. However, the resolution (not the solution) of the problem is not outside, but within ourselves. As we let go of being guided by sense impressions and concepts, moments of communing will obtain, which is Step 6. And a diagram for Step 6 would be a vast formless, empty space filled with awareness without a someone being aware of being aware—hence a state of pure lucidity.

The steps I have described above are the methods the sciences of man used to arrive at what they called laws. They are the scientific methods, for there is more than one[3], and they must be distinguished from the scientific spirit. That spirit is characterized by the search for what is truer, no matter where it leads and no matter how many preconceptions it destroys. The search for what is truer can go on in the scientific spirit in other ways than with logical forms. In fact, just that goes on in analysis. What we attempt to do is to help a patient dare to look at, listen to, all the truth, the whole truth of himself.

He can do this only bit by bit and as he gets stronger. He also is a true scientist, searching in the scientific spirit for the truth of himself. As he does, he keeps describing what is going on in him as free associations. But here we come upon some significant differences from what is usually called science. What the patient already has is his theory of himself, what I have elsewhere called his symbolic self.[4] What he is testing moment by moment is the accuracy of that conception of himself with

the data coming up in him in the form of information gathered by his senses, his thoughts and feelings. In science the concern is with values as to fact. The theories must have aesthetic beauty and the spirit guiding the scientist may be one akin to that which moved religious mystics. In the search for what is truer in himself, the individual is concerned with all values, factual, aesthetic, and moral, while his ultimate objective is increasing spontaneity, which means unpredictability and uncontrollability, never reproducible the same way twice. As the individual moves in search of what is truer to his nature, more and more moments of communing will obtain. When communing is obtaining, communicating will not be. Where an attempt is made to communicate what was obtaining a moment before, it is no longer communing, it is about communing.

Feelings

Having left logical forms behind and to focus on attempts to describe our feelings, it is well that we be aware of some of the difficulties that immediately obtrude. We must distinguish feelings about, feelings for, feelings against, feelings with, and feeling. Let us use the situation of two adults, a husband and wife, and let us talk about feelings the husband is having. Say he feels this or that about his wife. The word "about" has for me a circular feel of going round and round, outside of and at a distance from, below, above, or to the side of. A bit closer is "feeling for or against." The feel still is of two separate entities with the source of feeling in one person and going out and in the direction of another person. "Feeling with" seems to be closer still, but I ask you what is your inner "feeling with"? I have often asked people to describe "feeling with" and they become quite uncomfortable. They have quite some difficulty finding words, analogies, or making descriptive pictures. Some describe the feeling of "feeling with" as a coming up to the other person and then sort of spreading out all over or around them. Another described it as taking the other in his arms and holding him close. But when I ask, "What did you feel not about, for, against, or with your wife, but what did you feel as she was telling you her experience with the children that afternoon?", the response is often confusion, irritability, and anxiety, and for a long time thereafter. To immediately feel the other person, if thought of in the sense of outward directedness, is felt as physically touching the other person. This is a characteristically western response, as Lin Yutang has brought out. He said the West looks at an object and paints it from the outside. The Easterner contemplates the object, experiences it, and paints it from the inside. To immediately feel and be open to spontaneous responses to another person's being is alien to most people. To help a person express what he thinks and feels and what bodily sensations he is having whether in words, sounds or gestures, without hesitation, discrimination or distortion, is the task of analysis.

So, having left logical forms behind, as well as the various forms of feeling as, about, against, for, with, and feeling without any of the foregoing prepositions, what are we left with? We are left with pure fact, or the indeterminate, undifferentiated, aesthetic continuum. We are left with the ineffable, the indescribable, the mystical factor in nature and our nature. When we are experiencing, it, communing is obtaining and we are silent.

Some Crucial Distinctions

I feel by now that the distinctions between a concept of self, a feeling of self, a physical self-feeling, and communing are clearer. When we are living, being communing, we are pure fact, indeterminate, undifferentiated, ineffable, inexpressible. As soon as we are aware of forms, shapes or patterns, we are already abstracting and dealing with concepts even though we cannot name them. And living in the western world, we will with our minds create dualisms where oneness was obtaining.

To continue with some distinctions. There is communing and communing is

obtaining. At such moments there is no concept of communing. In fact, a concept communing is not thinkable. After communing has ceased we can have a concept, but it is a concept of communing, about communing, which self-evidently is not communing. There is the experience and process we call relating. But it is difficult for people to leave it at that. They immediately must see or think of two or more people: they make a picture of it or have a thought about it. Both are already abstractions and assume two or more persons; also implied is separated and separable. Relating to me is a process. You can also have a concept of relating. Note, as I go on with this sequence, that the feel of relating is more of experiencing and that it feels awkward to talk of a theory of relating. When we come to relatedness, there is less the feeling of an active process and more that of a static state. A noun has been applied to a process which obviously does not describe it. At this point, I find myself congenial with Picasso when he said, "I hate nouns." Once asked how he goes about planning a picture he said he paints it and when it is finished he finds out what he wanted to paint. Such an attitude would certainly lead to a hatred of nouns. To me, relatedness neither adequately conveys the feeling of a process or of a conception. When one speaks of a relationship it can communicate some feeling of a process. To me, it somehow conveys even more of a feeling of process than does relatedness, another noun. Relationship can also convey the idea of a concept. But for communicating process, as a concept, it does not feel fully adequate to me. Much confusion is created when people use interchangeably the concept relationship and the feeling relating. It would help if they clearly separated the experiencing of living processes from concepts about them.

To go back in theory evolution still further. There were and are the concepts transference and counter-transference and the feelings, attitudes, and behavior patterns patients manifest toward analysts in the course of analysis. Their feelings, attitudes, and behavior patterns are referred to as transference phenomena. Similiar feelings, attitudes, and behavior patterns have been manifested in analyses since Freud first coined the term psychoanalysis. Those are the clinical data observable and describable by anyone, of whatever theoretical persuasion. But what these data mean in a theoretical framework and how they are gathered together under a particular theoretical construct will vary. Differences in theoretical frames of reference also will bring out or draw our attention to more and different data. Also it is possible that different theories will be more effective in sickness resolution and health affirmation. To continue with transference and counter-transference. It is misusing these theoretical terms, as often has been done, to label certain feelings, attitudes, and behavior patterns as transference feelings, and so forth. It is bringing together in a single expression living experience with a theoretical label.

We must distinguish the concept of self as a personal concept of self—the symbolic self—from the concept of self as a part of a theory.[4] In Horney's theory are the concepts of the Idealized Self[5] and the Real Self.[6] A patient will have a concept of himself more or less congruent with his actual self. There is the physical self with apparent boundaries, separated and separable from others. Then there is the feeling of self, of identity more and less sick and healthy.[4]

When a person's concept of himself is of being friendly, and it is predominantly healthy, he will be able to be friendly with himself also. In both instances he will be feeling friendly to himself and to others, and in both instances he will be having a feeling of self and of identity with which he is comfortable. The words alone, aloneness, lonely, loneliness, and isolated, with concomitant feelings seldom will be in his vocabulary and awareness.

When a person's concept of himself as being friendly is predominantly sick, it will be associated with compulsive pat-

terns. He will have to feel and do many things to prove to himself and others that he is or appears friendly. While he will be compulsively driven to be friendly to others, he will be compulsively hating himself. Whether he is aware of it or not, it will show in his behavior patterns and in the ways he treats himself. While physically with others, with whom he compulsively must be as much as possible, he will be feeling friendly feelings and apparently affirming their genuineness to himself and others. In such situations the compulsive self-hating is less intense. But as soon as the others leave or he physically must leave them, it is experienced as being rejected, isolated, separated. Now physically with himself, he does not feel physically with himself, but painful and poignant feelings of aloneness and loneliness, and his feelings of self-hate become intense. What he feels toward others is not friendliness, but poignant needing, clinging, and clutching and having not only to be with them but to touch, hold, grasp, and grab them. His sick feeling of identity and of self is affirmed when physically near others and crushed when physically away from them.

Other reasons for this detailed discussion of a theoretical concept of self, a personal concept of self, a physical self, and a feeling of self are to clarify some confusions about Horney's three moves. These moves concern relations to others of a neurotic nature and refer to psychological attitudes. The moves are toward, against, and away from.[5] Many have confused them to mean physical moves, actual movement in space. Physical movement is physical movement, but how a person experiences that movement psychologically is quite another matter. The confusion was hidden behind the use of identical words relating to physical space movements and psychological attitudes, namely, toward and away. I often sensed a discomfort with the against move because it was not so obviously related to space although against, physically in space, implies moving toward. A person's predominant psychological orientation might be of one or another move, but whether he will feel with himself or alone while physically with himself and with others will not necessarily be determined by physical space relations, but more by psychological attitudes toward those physical space relations.

Boundaries—Possibilities and Limitations

Another reason for going into the subject of a theoretical concept of self, a personal concept of self, a physical self, and a feeling of identity of self relates to the subject of boundaries. The subject of boundaries is intimately related to that of a feeling of self, feeling of identity, feeling of separateness, feeling being separate, being separated, being oneself, being by oneself, being with oneself, being alone, lonely, and isolated, and, of course, to physical boundaries and the concept of boundaries. I want to start with physical boundaries. It seems so self-evident that one's physical boundaries remain the same even during the sex act. But within whose skin boundaries, moment to moment, is semen from the instant it leaves the testes until united sperm and ovum become imbedded in the uterine wall? We see here the old subject of individual and environment, in this instance considered from the physical aspect.

I started with physical boundaries to concretize the notion boundaries and because it was the simplest instance to deal with. When we come to psychological boundaries of feeling, willing, thought and action, together or separately considered, we immediately see the intricacies of our subject. Where the individual ends and environment begins becomes impossible to determine. An individual's thoughts and actions and the effects of his feelings can extend far beyond his physical boundaries in time and space. Where are the boundaries of human beings generically? Even physiologically they are continuously changing. Take, for example, the extension of the life span and running the mile under four minutes. Man's feelings, thoughts, and

boundaries of willing and action keep constantly extending, as we see from human history. An individual's feeling of self and of identity and their boundaries are again something different. Depending upon his emotional health he can feel them as small to big and those feelings can be more and less rational and irrational.

I have presented enough material to help elucidate why I prefer the concept boundaries to the notions of limitations and possibilities. The usual expression is my or his, or human possibilities and limitations. My first objection is that it is presented as a dualism and in an either/or form. Unwittingly, possibilities is taken to mean something positive and limitations something negative. The notion boundaries is neutral and connotes neither something positive nor negative. Further, the concept boundaries fits in with my notion that all processes in nature are active and that all are phasic. So I conceive of boundaries as phasically contracting and expanding. Neither contracting nor expanding are good or bad because we can have both healthy and neurotic contracting and expanding at different times, appropriate and inappropriate to the situation. Finally, the concept boundaries fits in with processes and system-thinking and is a term applicable to the physical aspects of being, as well as the psychological ones both in the individual and in the environment.

A person whose physical and psychological boundaries are predominantly rational will have feelings of self and of identity and a concept of self well within rational boundaries. By rational I do not mean logical, congruous, intellectual, or sensible. I use it in the root meaning of the word, namely in ratio with, as a two-term vertical relation. A person is rational to the extent that he is in ratio with the actualities of himself and of his environment. A person who is predominantly rational as to his concept of himself and his feelings of self and of identity will be able to feel with and by himself when physically with himself and/or others and at the same time be feeling separate and together. He will be having, with his self-realizing, many and more moments of communing.

This attitude is exemplified in patients' productions during the course of analysis. Often after a struggle during which they have felt trapped, cornered, paralyzed, cramped, or squeezed, followed by a letting go, they may use some of the following expressions: "I feel bigger," "I feel fuller," "I feel wider and deeper." One man talked of feeling taller, slimmer, lighter, and of having more joy in himself. Another man spoke of feeling "freer, larger, expanding, and taking up more space." You will note how physical words are used to describe changes in feelings in the direction of rational expanding. That these feelings may be associated with fear is indicated by the man who had many positive feelings about "beginning a voyage into the unknown of myself" and of feeling stronger, but also while he felt his head expanding he felt he was seeing, fearfully, pictures of a vast expanse.

A person whose physical and psychological boundaries are predominantly irrational, will have feelings of self and of identity and a concept of self outside of rational boundaries—of irrational proportions. He will not be able to feel with and by himself when with himself and others. With one type of neurotic problem, where self-effacement is in the foreground, when physically by himself, he will feel alone, lonely, isolated, separated, and rejected. The person whose predominant neurotic solution is resignation when physically with others will feel coerced by others and unfriendly toward them. His pull will be toward being separate, while the predominantly self-effacing one will feel pulled toward being together. The boundaries of being and feeling separated and together will be in irrational proportions in both.

Contiguity and Continuity

Now having distinguished boundaries of self, as a concept, as a physical fact, and as a feeling, the meaning of the terms *contiguity* and *continuity* can be amplified and clarified. A mother and her foetus physi-

cally are continuous in fact but also, to an extent, contiguous except that physico-chemical exchanges occur across semi-permeable and selective membranes. Physically, man and wife even in the sex act are essentially contiguous except for the difficult instance of ejaculated semen. When we come to the psychological realm, which includes feelings, willing, thinking, and acting, just where boundaries exist becomes all the more difficult to determine. For contiguity to obtain there must be boundaries and surfaces to touch one another. The notion of contact and touching is very evidently not limited to the physical sphere. A whole Congress of Psychotherapy was devoted to "The Affective Contact."[7] The title implies boundaries of affect, of feeling, of touching. The notion of contiguity of feeling is implied in the *daseinsanalytik* concept of *Die Begegnung*.[8] Because of our dualistic subject/object thought world we have almost come to take as a given fact of nature that there are only objects and separation and, hence, contiguity. Actually, as is so evident from Oriental philosophy, of which we are becoming more aware, continuity is primary. The forms, the phenomena, point at but are not what is real. There is always continuity and only different extents of contiguity—extents of abstraction—from it. This is what Haas meant when he said, "There may even be action without the real participation of the subject, such action consisting merely of the outward sign and result. This ingenious and felicitous effort brings the fulfillment of worldly duties into accord with the spiritual state without contaminating it."[9] When the spiritual state obtains—*samadhi*, pure consciousness (in my terms, pure communing) —there is absolute non-attachment. To that person, all forms, phenomena, manifestations, appearances are without substantiality. So, in his feeling, at moments of communing, there cannot be feeling of contiguity with reference to the phenomena, only continuity.

As an analysis proceeds and as there is getting to be more congruence in the boundaries of the concept and the feeling of self and in feeling, willing, thinking, and acting in reference to self and others, more moments of more rational relating occur. In time, more moments of communing will also be obtaining. However, to communicate these feelings, patients of course must rely on our subject/predicate language, use language pertaining to relatedness, and make of on-going processes, which are continuous, static contiguities.

In an example quoted in Part III, the closest one man could come to putting the feeling into words was "like a team." Looking at the picture these words paint, you might see two separate physical entities—horses—joined by a series of continuous and connected wooden shafts and leather straps and harnessed to a wagon or a plow. The other man spoke of "a feeling of directness from my spinal cord to you through myself, as if I didn't want to mark it." The first picture one gets is of a line or a tube connecting us from spinal cord to spinal cord. Thus far the picture again is of being separated and being brought together by a connection. Again contiguity and continuity. However, his statement, "as if I didn't want to mark it," is crucial. About it there were many associations that session and in several succeeding ones. What he was trying to communicate to me with such words as "closeness," "flowing," and "I feel all with you" was continuity and communing. He was resenting the structure of our language, but he didn't realize it. He was resenting how the words were making out of oneness feeling, feelings of togetherness and separateness by marking. I also mentioned the instance of the man who just turned out his hands and smiled to communicate the feelings he was having and to communicate that they were not communicable in words.

Separateness and Togetherness

One woman put much of what I have been saying about boundaries, separateness and togetherness, relating, communing, and awareness in these words: "I see more and more that awareness is much bigger. Seeing

something once is not enough. Something bigger is being born in me. Rhythms are becoming more important to me. As I'm talking I don't feel like I'm closing up. This week is associated with much suffering. I know now it's attached with deeper awareness. I feel so much more relaxed than I used to feel. So much more a person than I used to feel. So much more with myself though I'm still running away. So much more part and parcel of everything now. Because I am a part of it, it is a part of me. I feel so much more belonging to myself. So much more feeling I don't have to say something special which used to weave in and out. I still do evade things. I've got to keep tackling it. My sick part of me. There is still a lot more to that running-away business."

The statements, "So much more part and parcel of everything now. Because I am a part of it, it is a part of me," are telling. Here we have continuity, withness and togetherness, and at the same time feeling identity, separateness, and contiguity. Identity feelings are emphasized in the expressions, "So much more with myself" and "so much more belonging to myself." The communing and relating are evident in the first two statements above, specifically in "a part of" and "part and parcel of" and implied throughout.

The following example puts what I have been saying even more explicitly and concretely. Here, indeed, is an expression of communing obtaining. But to express it this woman had to use a language of relating. In it are expressions of continuity and contiguity, separateness and togetherness, boundaries, oneness and flowing, ending with exasperation at the inadequacy of words. While her physical boundaries remained the same, as she sat on the couch facing me throughout the session, a living, creating process was going on. She was feeling the boundaries of her identity which were feelingly dissolving and reforming. She was feeling contact with me one moment and merging another. While doing so she was feeling at one moment her differences from me and at another her similarities with me. After this experience, each of us was more. Our boundaries of feeling identity had expanded.

She said, "I am feeling a flowing apart and a coming together with you. But when I feel flowing apart and coming together in me, I feel it is all me. When I felt a flowing apart from you, I felt separate but not isolated, and when I felt a flowing together with you I didn't feel submerged. I still felt me. Oh, it takes so many words to say it and I felt all that in an instant and for several minutes." What she said tells its own story and all I have attempted to say above. I want to add one more comment about her saying, "I didn't feel submerged." No matter how many ways I have attempted to communicate notions about one in the all and all in the one, the response has been on the part of some who confuse genuine identity with false individuality and egocentricity that they will lose their individuality. Again I repeat, only by losing "the dark idolatry of self" (Shelley) can we lose ourselves, empty ourselves, find ourselves, and fulfill ourselves.

Losing Oneself and Finding Oneself

For relating and communing to happen and for attempts to be made to describe them, there must have been many smaller and larger episodes of losing oneself to find oneself, of leaps into the unknown. Sometimes the whole process—the before, the during, the after—can be seen in one session or in a sequence of them, as in the following instance.

This woman had been in analysis for some years. On many occasions, recently, the identical thought or feeling had come up simultaneously in both of us, one or the other expressing it first. Also moments of communing had begun to happen. She had had an intense and deep-seated hostility toward her father which she feared experiencing and expressing. Bit by bit, over the years, she dared to feel, think, and act it out toward me. As she left the office in a contemplative mood, following one such particularly violent outburst, she said musingly, "I've been hating you as though

you were my father." With this fear of her hostility was a fear that if she let go of her check on it she would become insane. She also feared she would find out she was a lesbian, which she wasn't.

During the first session of the sequence, of which I shall mention parts, her fear of a living death and her fear of coming alive were discussed. With the fear of coming alive was associated the fear of a psychotic break and the fear of homicide and suicide. They both came up with reference to her brother whom her father favored. She then went on with wondering what would have happened to her if she had not come into analysis and also what had kept her in analysis all these years. She concluded that it was her fear of a living death. Simultaneously, at this point, we both thought of the death of a famous personage that week from the end results of problems very similar to hers.

During the course of a session about a week later, she had an outburst of fury and virulent hatred toward me. Following it she said, "Here I am hating you and being violently hateful toward myself. At the same time I feel feelings of friendliness coming from you to me. I hate you all the more because of your feelings of friendliness, because you make me feel guilty and I hate myself all the more." Before the session ended she had become quieter. Although I had not said a word during this outburst, she was clear and definite about my friendly feelings toward her.

Several days later she heard me give a paper on "Communing and Relating." In it I had used the expression, "living at the growing edge," and spoke of some people's need to be conformists. She said, "I really get myself in trouble. Each time I feel I'm going against my conformity the fear of being crazy comes up. At times I feel I'm out of contact with reality and feel as though I am psychotic." Toward the end of the session she came out with her awareness that "to be at the growing edge, you have to be alone." And to be alone, we both knew, had been one of her great terrors.

Five days later she reported a dream. Dreaming had been rare in the analysis and there had been no dreams for about two years. She was aware of having dreamed in the past month, but could not recall what she had been dreaming or the feel of the dreams. She could only recall part of the dream of the previous night. "In it is my brother, you, and I. There is a lot of fighting for and fighting against. There is a lot of waiting, active waiting, and trying to feel what it is about. It was waiting, it was fighting for, it was fighting against; all kinds of relationships. Except what I was left with was a lot of blocks, all jumbled together, a whole business about giving and taking, and giving and accepting, and fighting for."

She talked about people who do not listen to themselves in order to maintain living a lie. I asked her to say more about this, following which she talked of something she wanted to do and something she didn't want to do. She felt tired, exhausted, became more and more disturbed, and ended with crying and sobbing a little more freely than heretofore. She said, "The dam broke a little. I don't know whether I'm going to choke to death or the top of my head is going to blow off. I'm going to wait actively if it takes forever." She continued the session with quite some outbursts of tears and at one point said, "I feel I'm giving birth to myself."

A little later she added, "It is as if I made one leap and came out of it and now I am going into a deeper abyss. I feel myself. I have more strength as a result of that, but I'm still afraid and I can accept the fear. It is human. It is unknown. I will come out of it whole or dead, but I have to do it. I hope to come out of it whole. Nobody can hold my hand while I am doing it. I tie it in with what I was talking about last week, doing things on my own. I don't mind doing things with myself. When I am with myself I am alone."

"I am talking about this kind of a leap. Nobody can jump off with me. I might land like a feather and I might land like a log. I feel like I am gathering all my

strength. The leaping is the same as the waiting after a wait. I know after I withdraw from it I am stuck where I am. Where I am is better than what used to be, but that's not enough, not enough for me. It is not the old wanting more. I am not living up to my potential and that's why it is not enough. I can come yelling for help. The only help is in my own guts. I can get outside help, but the final step is mine. It is not the final step when I come through it. Then there is a bigger one. It is not pleasant to be on the growing edge. It is like an amoeba putting out pseudopodia, coming up against something and pulling back. Then another me. I have myself at stake every time. I am beginning to have more self-interest."

In this sequence we see clearly the preparation, the process of leaping, and the awareness that more leaping will be necessary, more leaps into the unknown. "It isn't the final step when I come through it. Then there is a bigger one." There is the dying and the being reborn. "I'll come out of it whole or dead" and "I feel I am giving birth to myself." And then the ultimate: "Nobody can hold my hand while I'm doing it . . . Nobody can jump off with me." Ultimately, nobody can live another's life for him. No one can suffer his pains and thrill to his joys, the ones that relate to ultimates, and that deal with ultimate concerns.

Giving Birth to Oneself

To say, "I feel I am giving birth to myself" can be a very concrete, immediately experienced happening. In this next instance, the woman had had many experiences of communing which went through many evolutions and descriptions. These two, in succeeding sessions, describe some which followed an actual experience of labor pains in several sessions in the previous weeks and following many painfully poignant recollections of her infancy and early childhood as a pathetic, terrified little girl already driven to live in a world of fantasies, often equally or more terrifying than her real world.

Toward the end of the first session she said, "I have a childlike feeling of coming home, the home I never had as a child, to open up and say everything I feel like and do anything I feel like. I feel I'm learning more and more about communing. I know when you are gone I'll find much more in myself because I'll be communing. I'm getting this drowsy feeling and with it I'm feeling an opening up and widening feeling of talking to myself, this newer acceptance. Something I can give to myself, the being withness and togetherness. Right now I'm feeling a big surge of feeling going up and out to you and back to me. Again it's awfully difficult to describe. It's a really strong pull. With that feeling I have a feeling of humility and satisfaction. Right now I'm feeling drowsy. I'm becoming more aware of how I had to feel how I was being childish. Certain things about me I do. Now I feel there was an opening up." At this point she had a short burst of laughing and crying "as though my child is being born. It is being born all the time. It's growing all the time with more assurance. It's my child, me." She had lost all sense of time, which was unusual for her. It was now ten minutes past the end of the session.

"I never knew I could have so much affection for my child and for you, because I never knew anybody like you. Now I know what real affection is. I see myself a little child in the grass holding the buttercup in my hand. Loving the buttercup and the daisy. Nothing else. Now my child knows that." She had turned her face down into the pillow which made her voice less audible, but also because she seemed to be talking more and to herself. "Couch, couch, open the door, open sesame. I have said something about liking the couch. Actually, I'm a part of the couch and the couch is a part of me. I feel right now with very little effort I could go to sleep." I said, "Why don't you, right where you are" because after a session she usually would rest or nap in my waiting room. Her session came this day at my mid-day break when my office is usually unoc-

cupied for a period of several hours.

She opened the next session by thanking me for letting her fall asleep on the couch. which she did for about an hour, waking up very refreshed and rested. Five minutes after the session had begun she said, "I'm beginning to feel like I did yesterday. It's a coming together. It's a coming home. Letting go is drifting. This feeling I have of movement. Something moving up and down in me. Something of the child I was talking about yesterday. The child embracing herself. Has an almost dreamlike quality. Yet I'm not dreaming. I'm feeling whatever I'm saying. I'm feeling something about myself being with me. It gives me a feeling of well-being, a feeling of affection for myself which goes back and forth to you, to me. A little bit of tearfulness creeping in. This child feels more and more poignancy, of this child feeling love now and the lack of love so long. I feel like that driftingness is now coming to rest. That's a new experience for me. Communing, enjoying being with myself. Caring. Shows in everything I do. I feel more pride in just me. I feel more substantial. I feel more reassurance. I feel more freedom and freedom means substance. Freedom used to be something to be afraid of. Freedom means I have something in me to express."

At this point she belched and laughed, saying, "Enjoying belching, enjoying withness, even screaming, even laughing, even hating, even loving. As I have said before, I feel a warmth spreading all over me. I feel as though this week I have had many labor pains, as though I have been giving birth to many things, myself primarily. I feel myself more with myself, so that I don't want to be sidetracked from myself. I'm getting more of a feeling of how much I have allowed myself to be sidetracked. This feeling of well-being is permanently me. Right now I'm getting warm from my head to my toes."

Immediately after, she sat up, had a short burst of crying and laughing and said she had to go to the bathroom. Before she went she mentioned her freedom in talking about the need to urinate and, when she returned, her pleasure in the whole process of urination. She talked of urinating as one more natural function to be enjoyed. She spent most of the rest of the session talking about the expression "to sleep with" as it was used in her family to mean having sexual intercourse illicitly, and how many confused, painful, frightening and derogatory attitudes toward sex, illicit sex, "making love," and "sleeping with" had become entangled. She felt these factors that had contributed to her lifelong insomnia were now much clearer for the first time, and she felt with certainty that her sleep would improve. It did.

In the above four instances of aspects of communing and relating, separateness and togetherness, taking the leap into the unknown and giving birth to oneself, varying degrees of explicitness of description were used or varying aspects of these processes mentioned. Implicitness or explicitness, vagueness or clarity of expression do not necessarily mean intensity and/or extensity of the experiencing they are pointing at. Many factors contribute to the poetry, concreteness, and vividness with which a person may be putting into words what he is feeling. Only an immediate feel of the whole analysis to date can give one the nature, degree and authenticity of the experience being pointed at with any degree of accuracy.

All I have said thus far, particularly through the above examples, may help to give a clearer understanding of how come I arrive at the following. When feelings of separateness and difference are in the foreground, relating is the process more in the foreground of experiencing, and communing—to the extent it is obtaining —is in the background. When feelings of similarity and withness are more in the foreground, there is more of experiencing communing. The more often feeling these latter feelings fills our feeling horizons, the more often will feelings of difference and similarity be transcended. Only then will communing be obtaining. This is how come I say communing is the comprehen-

sive experience and relating is an aspect of it. The process of relating is a vehicle, a bridge of human being together, through which we move toward communing obtaining.

I agree with Goldstein, therefore, when he says, "Communion is the basis of all communication, hence also of the communication that makes psychotherapy possible."[10] There are some elaborations necessary to make clear what I mean by agreeing, as is evident from all I have said. I would speak of communing, which I feel Goldstein is pointing at, although he uses the noun communion. His word "basis" can and has led to confusion because of the ways people are caught in their dualisms. Basis does not mean at the bottom, or being at some mythical starting point. To me basis would mean the undifferentiated, indeterminate, aesthetic continuum to help understand it one way. Another way would be to say that all communicating presupposes, comes before, comes after, and includes communing at all levels. Still another way is to say communing includes, stands beside, and transcends all communicating.

Communing and Relating: Analysts' Responses

How are communing and relating experienced from the side of the analyst? Many of the ideas and examples in this paper come from the analyses of doctors training to become certified to practice psychoanalysis and from others who had continued in personal analysis after their certification. That instances of communing occurred in these analyses is one way of saying that for me there are only therapeutic analyses. Didactic or training analyses exist only in the imagination of those in training needing to evade much-needed personal therapy. It is also my conviction that the analyst conducting these analyses should have had more and more moments of communing in his own personal analysis, in the course of the analyses he is conducting, and in his life outside of the analytic situation. Further, I feel that the analysis of doctors-in-training should be more intensive and extensive than that of other patients and include many more moments of communing. I feel this is essential, so they can recognize and be able to go at least as far as, and hopefully beyond, those patients who are seeking the ultimates possible in a therapeutic analysis. Capable of such expanding ultimates, such an analyst will be all the more effective with each of his patients as far as they are able and want to go. Put still another way, an analysis which has not been a creative growing process, which means a therapeutic experience for both therapist and patient, has been, to me, an analysis with very limited objectives and of dubious value so far as having stimulated fundamental change.

How have some analysts responded to what I have written about the subject? I am fortunate in having the spontaneous response of one* who is very familiar with Horney's writings and my own. Also, she has been personally acquainted with both of us. She is well aware of the problems of communicating communing made all the more difficult by having to read about it and express what she felt in a learned language not her mother tongue. "How awfully difficult that a letter is composed of words—such a poor vehicle—and still the more difficult when those words are not in your own language.

"Your efforts in 'communing and relating,' as in your other papers, will 'bear fruit and be helpful,' at least for me. In my opinion, relating is not an aspect of communing, but has another quality. When we are walking and I am hearing singing of a lark and say: 'Do you hear!' (in my language; as a Hopi I should only say, 'singing') you would nod, or smile, or make 'hm' (not 'yes'). And perhaps you don't hear the lark at all, but the wind, or the growing grass, or the stillness. It doesn't matter what you are hearing or what I am hearing; both (are) communing, and thus

* Personal communication from Toos Versteeg, M.D., member, Dutch Psychoanalytic Association.

experiencing communing. In relating I would point at the lark and ask: 'Do you hear the lark singing?' and you would look and answer, 'Yes, beautiful' or, 'Where do you see him?' That's quite different."

Verbally, Dr. Versteeg has disagreed with me, saying, "Relating is not an aspect of communing" and something "quite different." Yet it is my feeling that her examples confirm not only that she felt my meaning, but also that the following indicates the depth and poignancy with which she felt what I had written. This is said in another part of her letter: "Is there not the danger that we neglect or cannot have human 'relating' and make an idol of our deficit? Only when we are communing *in* relating, in living (maybe archery, teaching, washing up), are we really communing, as a goal (ideal), only having as solace some moments of the 'soul-rending experience.' "

There are some further personal experiences in the analytic situation which may help to communicate the notion and experiencing communing from the side of the therapist. In Part IIII of this paper, I gave several personal examples when I felt communing was obtaining. These were the experiences in swimming and climbing the hill. Both of these were essentially communing with nature. The instance in Guatemala with the Indian and his little son was in the direction of communing obtaining while being with people, but what was filling most of my horizon and, I feel, of the Indian's and his son was communing with nature. I have only once experienced communing as I have defined it while being with one or several others in immediacy and a number of times I have come close to it.

Personal Experiences in the Analytic Situation

Before mentioning some experiences of communing in the analytic situation, which have obtained for the past five years, I want to relate some other experiences which I feel were on the way toward and preparatory to communing finally obtaining. These experiences have been happening for about twelve to fifteen years. When they began I do not know. I imagine they had been going on for some time and that only when they came into awareness with sufficient sharpness did I begin to pay more attention to them. Over a period of time I could piece together the various aspects of the experience as it continued happening. Then I could more quickly recognize the experience and make use of it in the therapeutic situation. What I now describe is how it happens at present, after long experience with it. Again I want to put in a warning. The many examples I have included in this paper were unique and dramatic and, hence, uncommon. They were used to highlight quite clearly the point I want to make. Many more less-dramatic instances occur. Similarly, what I am about to describe occurred in a clear, sharp, dramatic form maybe a half dozen times in the past year, but in a less dramatic form no doubt many more times.

This is the experience: A patient would come in, lie down on the couch, and start talking. I would start writing in my notebook. I would then begin to notice I was underlining certain words. This I often do, quite spontaneously and almost without awareness. The less aware I am, the better these underlined words serve me as guides to what is going on. I look back over two or three pages and spontaneously the underlined words make a pattern for me. Please note the passive form of my language. Yes, I actively underline the words, but I find myself doing it and doing it with particular words. Also I find myself going over several pages and I find the theme or themes of the session thus far coming to me. This is no brain-cudgeling process from which I extract answers or the answer. Thus far what I have described has obtained quite often.

Of the following I became aware later, as a further development. I begin to notice that the underlinings are coming too close together, or in a quite irregular pattern. I get the feeling of something isn't making sense and I may get somewhat restless,

anxious, and irritated. I may then stop writing and stop underlining—I let go of the writing and am as open as I can be to listening with all of me that is available for listening. Such listening is not simply with the ears. It is a listening with the whole of oneself as reactor, responder, and resonator.

Once I have let go of writing I am being listening. I become aware that something had happened earlier in the session which only now is clear to me. I had sensed I wasn't making sense out of my patients' productions and had resorted not only to writing notes, but to underlining words in a spirit which only now becomes clearer to me. I realized I was taking more notes than usual, since shortly after the session opened, and later saw I was underlining more words than usual. In brief, I was not making sense of what my patient was saying, got anxious and irritated, and used these devices to help myself. However, what started out on a predominantly rational basis became something different. The devices were no longer helping me. I had begun to clutch and cling to them, doing both excessively, indiscriminately, and, with the underlining, ultimately in a disorganized fashion. It was at this point that I became aware that something was amiss and let go of the writing and underlining. The verb *let go of* is very apt because I had been grabbing and clutching. Also, once I stopped being squeezed by my own grabbing, my awareness expanded and what had been going on—even from the start of the session—became clearer and a possibly helpful next step came to me, to listen to my patient and myself, as openly and totally as I could.

Having stopped writing and begun listening, I noticed shortly that I was again making no sense out of what my patient was saying. I was beginning to feel beat upon by a barrage of ideas, words, and sounds to which I was responding with the feeling of becoming deaf and confused by the racket. I cannot tell you how I do what I shall shortly describe; actually, to speak of doing is inaccurate. In any case, I would describe what happens as letting go of listening to ideas, words, and sounds and even blocking them out, while at the same time being open to them in a vague sort of way. What it feels and hears like then are vague sounds at a distance. With this letting go of sounds, I try to be as open to a totally letting go as possible, so that my body will be as relaxed and loose as possible. With this I often melt, rather than slump, into my chair and my head falls forward. With this my eyes spontaneously close, to let go of and block out visual distractions. I am aware of withdrawing attention from body sensations.

Now I am more available and open to listening to and hearing and making direct contact with what is underneath (to use the notion of level) all the sounds my patient is making. Also, I am more open and available to be listening to and hearing my own depths better and more clearly. As this is obtaining, there is more of being relating, but in time more of being communing—or at least that is how I would describe it. At times it reaches the point where, in an auditory sense, I am hardly hearing my patient. After this living process has been going on for a while, I begin to have feelings which in time get expressed as, "So that's what he's talking about." Or, "So that's what he's trying to tell me." When these feelings come out in these words, I have a feeling of relief, release, pleasure, and relaxation. Then I feel I know what is going on and the possibilities of what I might say begin to suggest themselves. I will then have a comment to make or a question to ask. Thereafter and not infrequently, sometime before the session is over, the patient will say that he now knows where he is going. Or that he is more relaxed and that in view of his present feelings he recalls that earlier in the session he had been tense, anxious, and confused. Also that as soon as I had made my comment or shortly thereafter, these unpleasant feelings began to go.

In view of such happenings and my long experience with them, I can be more quickly alert to such a situation obtaining.

This way I can do more from my side, and more quickly, to help my patient experience the dilemma he is in, to resolve it, and to open up new avenues of investigation. In retrospect and in view of the next experience I will describe, I can recall mild feelings of awe and uneasiness with the pleasure of discovering what was going on. But more of the unease was associated with my awareness of my ability to let go and block out the upper noise levels or the upper levels of my metaphorical symbolic spiral and go into my own depths. Maybe also the unease was a response to letting go of the known and sinking into the depths of my own unknown. These experiences I feel were a preparation for, and on the way toward, the following experience which has been obtaining in the last three years.

I have observed that it happens only with patients who have been in analysis a number of years. Our relationship is a deep and firm one in which there is a basic trust and confidence. But even more important, there is something about the determination, tenacity, and toughness of such patients' incentive which I feel is crucial in this happening. From my side it means I can put considerable reliance on them that they will be able to go along on their own if I leave them on one level to return to make contact with them on another level. This ability to stand with and by while I go into myself this way is rare in most patients. Most patients can sense this being left, even though momentarily, and they panic easily. When I say leave I mean emotionally leave while being physically there. I can feel my patients sense this while lying on the couch. Very quickly, one patient would tell me about changes in my breathing pattern, as well as detect minute nuances of change in other aspects of my way of being. He also would tell me about changes in the amount of my note-taking almost immediately on its happening. Another patient who sat vis-a-vis went into a panic, and his eyes showed it, when I closed my eyes once as part of going into myself. He pleaded with me not to close my eyes, unaware of what had really cued off his anxiety.

When the following experience might occur I can never predict, nor can I make it happen. I have much less experience with it than with the one described above. Among many reasons may be the fact that there are too few patients with whom it could happen, at least with me as I am now. In the future it may tend to occur more frequently.

I become aware the experience is happening when the awareness of an intense kind of total concentration and openness comes upon me. The experience can occur with the patient facing me or being on the couch. When the patient is facing me I am more clearly aware of the following than when he is on the couch. The feeling can be expressed as one in which the physical boundaries of the two of us are not relevant, nor is our concept of ourselves, or our feeling of identity. This is a sort of negative way of saying that even to feel or think in terms of separateness or togetherness is not relevant. To make it quite clear, I am aware that we both have physical being at all times. For describing the rest of this experience I feel the utter inadequacy of words. The closest I can come to it is to speak in terms of an impersonal, there obtaining. By impersonal is meant including and going beyond the personal, if you will, the transpersonal, the transcendental, the ultimate of the impersonal, which is the ultimate in being personal. Contiguity feeling is absent. Also there is no continuity feeling, only identity feeling when its awareness becomes labeled. My patient is talking and I am listening and I am feeling my patient's being at the same time. At such times I am aware of feeling that this is happening to me and that I am not simply listening to, but being at my patient's core of being and my core of being at the same time. I am aware of the clarity and accuracy of what I feel and am going to say even before I say it. My patient confirms it almost every time, often quite explicitly.

This feeling and awareness of being at the core can last most of a session. While it is happening I am aware of feelings of wariness, unease, awe, and maybe something close to dread. I feel very much that what is happening is not to my credit, but is rather a gift given into my keeping for the moment, and that it would be sacrilegious to feel in terms as small and petty as the personal. I also am aware of an aversion to talk about this experience and have only done so on rare occasions. This is the first time I have written about it. This feeling will continue in a session as long as I do not interfere with it by what might be called personal attitudes. When I say this happening has almost nothing to do with either my patient or myself, I mean that our share in it is so infinitesimal compared to the vastness of what this happening points at. I feel all any of us can do is prepare ourselves for its happening, to being open to its happening, not interfere with its continuing to happen while it is happening, and to be aware that any intrusion of the personal interferes with, detracts from, and may even prevent its appearing again.

What forms and transformings this process that has been going on in me will take are quite unpredictable, I feel. However, in general, I believe they will go more and more in the direction of more and more moments of communing, in more aspects of my total living. Maybe in the future with the moments of being silent, quiet and still, there will be more feelings of serenity. Concomitantly, there would be less and less being attached to and more and more letting go of personal, social, and cultural patterns that interfere with self-realization as much as it is possible in the western world for a westerner born and there having lived his life. And just this has been happening in me and more often in more of my patients since I began to write this paper four years ago.

Summary

The basic premise of this paper is that communing is the comprehensive process and relating an aspect of it. For communing to happen we must go the way of relating. To move in the direction of relating and communing one must be aware of and experience the possibilities given by such concepts as transference, interpersonal transactions, the doctor-patient relationship, and *Die Begegnung*. This paper asserts that they all can be of help on the way toward communing, but that they do not go as far as communing, nor are they as encompassing.

To point the way further to its happening, the similarities in clinical insight, creative insight, the creative process, and Satori were identified. My contention is that many aspects of eastern wisdom are not alien to the West and that many occidentals are now more open and available to what the East has to offer. For helping making a bridge and to function as a guide, I feel that the concept of the symbolizing process can be of significant value.

Many of the blocks to being open to what the East has to offer were elucidated, such as our western mind structure, the subject/object dualism, and our subject-predicate, noun-oriented language which is written in alphabetic phonetic script. Through a discussion of the evolution of the scientific methods in the so-called exact sciences and the behavioral sciences, an attempt was made to clarify essential distinctions in the abstract and concrete, the logical and psychological, the conceptual and the experiential. Through an understanding of separateness and togetherness as abstractions and as human experiences, it was hoped that more of genuine difference and similarity feelings could obtain, more of genuine relating and, ultimately, more moments of oneness and allness feelings and of communing.

Through an extensive use of examples an attempt was made to concretely and specifically delineate the various aspects of the process by which communing came about and of its happening. Its importance for therapy and the ways it could be of value in therapy were pointed at, for patient and therapist.

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Discussion

Jan Ehrenwald, M.D., New York: While listening to Dr. Kelman's presentation, I had the distinct feeling: this is more than a mere presentation of a paper. It is more than a detached scientific discourse on a particular aspect of communication. It is an invitation for a meeting of minds. It seeks to get something across to the listener which calls for something more than cold, logical analysis of a clinical statement or of a philosophical point of view. I felt: this is in itself an invitation to relating and communing.

But let me say at the outset that the assignment to discuss Dr. Kelman's presentation is not an easy one. Dr. Kelman has described to us the basic cleavage which exists between the highly abstract, conceptualized, and intellectualized ways of communication characteristic of our western world, and the reaching out for direct contact and continuity with one's fellow man—and with the world at large—characteristic of eastern tradition.

You will note that we are faced here with a paradoxical situation. We are made aware of the shortcomings of our customary dualistic, discursive methods of thinking and exchanging ideas. The ideal of self-surrender, of intellectual innocence, of inspired spontaneity—in short, of communing—is held out before us. We are told that the process of communing pertains to an extra-scientific level of experience, that it occurs "prior to and without reflecting"; that it is virtually "ineffable and inexpressible." In effect, Dr. Kelman indicates that whenever we try to communicate *about* communing on the level of ordinary scientific discourse, we nip it in the bud, we destroy whatever meaningful experience it holds for those involved in the process. Yet at the same time I am supposed to discuss his thesis in the light of detached analytic scrutiny, to map out whatever areas of agreement (or disagreement) exists between us—and to do all that without violating the integrity of what we are talking about.

How has Dr. Kelman tried to resolve this paradox? Paradoxically enough, he has developed an ingenious conceptual scheme of his own which fits surprisingly well the topic under review and which can indeed help us to get "the feel" of communing and which can serve as a guide toward "more frequent moments of communing with our patient" without which, Dr. Kelman feels, no analysis can claim to be successful—and he illustrates his point with a number of fascinating clinical examples.

You have heard that his approach can be summed up in terms of "unitary process thinking." Basically, unitary process thinking seeks to do away with the dichotomy of object and subject, of self and non-self, of individual and environment. Following in the footsteps of Horney, Dr. Kelman turns his back on the picture of a static, persono-

centric, hyper-personalized world which looks very much like one designed by a compulsion neurotic. He places his main emphasis on what existentialists call the ontological question: he inquires into the *what* instead of the *who* and the *why*. He focuses on continuity, instead of contiguity. He does not divide in order to rule. Not satisfied with the task of participant observation, he stresses equality of personal involvement. He advocates continuity and identity of the observer with that which is being observed.

Viewed from this angle, the traditional scientific approach, with its compulsive preoccupation with abstractions and static conceptual constructs, with quantification and artificially isolated cause-and-effect or object-subject relationships, scratches the surface only. And, of necessity, much the same criticism applies to those intellectually more precocious brain-children of the scientific method: to academic psychology, to early versions of Freudian analysis, to Pavlovian, Watsonian, and other behaviorist systems of psychology. All are based on the concept of personality seen as a well-defined, closed system, operating in a world subject to the laws of Euclidian geometry, of Aristotelian logic, and Newtonian mechanics. Dr. Kelman, if I understand him correctly, sees the liberation of both the therapist and his patients from this type of a claustrophobic universe as one of the principal goals of psychotherapy, and he indicates that this goal can best be achieved through the experience of communing in the therapeutic situation.

Those of you who are familiar with some of my writings will be aware of the close correspondence of this thesis with my own ideas. In fact, it is so closely related to my thinking that on first reading Dr. Kelman's manuscript I could not help shaking my head and asking myself, "What's wrong with Kelman? Has he gone among the mystics?" (Scruples of this order can best be expressed by Bertrand Russell's aphorism: 'I have an open mind; you are a mystic; he is gullible'). In any case, I was wondering how much relating and communing had been going on between the two of us before our meeting face to face, or reprint to reprint, if you like. It is as though we had been tunneling from two opposite slopes of a mountainside toward an unexpected and pleasant encounter, somewhere in the middle.

Needless to say, we did not meet dead center in the mountain and that there are differences in our respective approaches. Let me try, therefore, to tell you a few words about my own, more pedestrian, attempts in the direction of Dr. Kelman's concept of communing.

I believe that communing is one particular aspect of communication between person and person—and perhaps with the universe at large. Of course, current, essentially behaviorist, communication theory leaves no room for such a possibility. It is based on the concept of personality as a closed system, functioning according to the principle of a highly complicated electronic computor device and it assumes that all transactions between person and person take place in our familiar physical universe, subject to the laws of cause and effect described by classical mechanics, and thought to be exempt from the paradoxes of relativistic physics and the uncertainties of modern quantum mechanics.

But the fact is that a vast mass of observations, both experimental and clinical, seems to be in flagrant contradiction with such an essentially mechanistic concept of communication between person and person. Recent years brought increasing numbers of reports by psychoanalysts and psychiatrists suggesting the reality of so-called *psi*-phenomena—a neutral term designed to include alleged telepathy, clairvoyance, precognition, and related incidents under both spontaneous and laboratory conditions. Of particular relevance to our problem are the observations of telepathic incidents in the psychoanalytic situation. They seem to occur between therapist and patient at certain crucial points of their therapeutic relationship—or of their "relating." Put in conventional analytic terms, incidents of this type are determined by a well-defined transference/counter-transference configuration and usually involve material carrying

a marked emotional charge to those involved in the occurrences.

I take it for granted that most of you are familiar with examples of this kind. The typical case would be a dream dreamed by a patient whose manifest content contains a specific set of distinctive features—I describe them as *tracer elements*—which show an unmistakable correspondence with a similar set of distinctive features in the therapist's conscious or preconscious mind. I have gone to great lengths in describing the criteria of such occasional telepathic correspondences in the psychoanalytic situation—and in everyday life—and I cannot go into detail in the present context.

Even so, you may well ask at this point: what is the relevance of such occasional freakish occurrences to our issue? Why do you bring such extraneous material into your discussion?

Now let me state in my defense that in my experience telepathy in the psychoanalytic situation is by no means confined to more or less freakish incidents of the type just mentioned, much in the same way as the data of contemporary astronomy are not merely derived from observations of the eclipse of the sun or the moon, or from the occasional appearance of a comet in the sky.

There are two more, much subtler, yet much more significant aspects of the doctor-patient relationship in which telepathy —in conjunction with other, more orthodox, means of communication—seems to be involved. One such aspect I described as *doctrinal compliance* by the patient with the therapists's own unconscious or preconscious wishes and expectations regarding the validity of his doctrines, of his pet scientific hypotheses, and of the particular psychoanalytic school of thought to which he owes his allegiance.

It would take me too long to elaborate on this thesis and to substantiate it with pertinent historical and clinical material. In fact, my historical anthology of psychotherapy, entitled *From Medicine Man To Freud,* is nothing but a giant footnote to bear out my thesis.

There is a third aspect of presumably telepathic influences in the psychoanalytic situation which is still more difficult to detect and to isolate in pure culture, but which is even more important. This I described as the potential telepathic effects of the analyst's therapeutic motivations upon his patients. It is needless to say that, by contrast to these influences, occasional telepathic "leakage" of bits and pieces from the therapist's mental content to the patient is a mere artifact, an essentially useless or even undesirable by-product of the patient-doctor relationship. Much the same could be stated about doctrinal compliance resulting in a spurious confirmation of the therapist's pet scientific hypotheses by his patients. It, too, is at bottom an artifact, though one deserving more than casual academic interest. But the therapist's emotionally charged wishes and expectations regarding his patient's recovery—and their potential telepathic impact upon him—go to the very core of their mutual relationship. It is much closer to life than so-called *psi*-phenomena, tracer elements, doctrinal compliance, or what not.

This deep-seated need to help, to be *with,* to be *for* one's fellow man may in effect provide the propelling force which carries the flotsam and jetsam of occasional, more striking, more conspicuously labelled telepathic artifacts in its wake. It is perhaps the original prototype of a much-discussed theoretical construct of psychoanalytic theory: of the psychoanalyst's counter-transference upon his patient. It would, however, be more pertinent to describe in terms of the analyst's reaching out toward his patient on all levels of his personality, meeting halfway, as it were, the patient's corresponding need for continuity, for closeness to another human being, for an encounter in terms of the existential analyst—in short, for what Dr. Kelman has described as communing.

You notice that on trying to discuss this deeper aspect of *psi*-level communication I have reached a point at which I am forced to relinquish the strictly pragmatic analytic language of my discourse. So far I tried to describe *psi*-phenomena in essentially psychoanalytic or behaviorist terms. But I

am sure you have noted that Dr. Kelman has been talking about much the same thing in an idiom far more congenial to our subject matter: in terms of unitary process thinking, of Horneyan holism, of existential analysis, if you like. *Psi* phenomena, especially the impact of the therapist's personality upon his patient, cannot, as I pointed out before, readily be translated into terms of current communication theory. They call for a new, more comprehensive frame of reference and this, I believe, is what Dr. Kelman has sought to provide by his concept of communing. It is also the point where the shafts which he and I have been driving into the mountain side seem to be meeting somewhere in the middle.

But, as I indicated, there are also differences in our respective approaches. The differences are due, first, to Dr. Kelman's deliberate renunciation of clear-cut definitions and conceptualizations in our western sense. Secondly, they are due to the resulting difficulties in integrating his observations with current clinical standards and scientific systematizations.

Communing, as interpreted by Dr. Kelman, seems to embrace aspects of relating, of communicating on a non-verbal as well as on the *psi* level; it has a cognitive aspect, closely related to intuition; it involves a heightened awareness of self and of others. It manifests itself in higher energy output and in the release of various sensory and motor automatisms. Last but not least, it conveys the mood, the feeling of oneness, of mystic participation with nature at large, and the consecutive experience of no-mind, and loss of self-hood, taught by Zen masters. More than that, communing, as conceived by Dr. Kelman, has important therapeutic repercussions for both analyst and patient. Kelman specifically stresses moments of communing as indispensable steps on the way toward the patient's recovery and as major stepping stones in the therapist's personal growth and maturation.

I am in far-reaching agreement with Dr. Kelman's emphasis on communing as a significant aspect of the doctor-patient relationship—or, better, of the experiences shared by them in the therapeutic situation. But I feel the need to get the many and varied aspects of the underlying "undetermined and undifferentiated esthetic continuum" into sharper focus. I also feel that communing and communicating are by no means mutually exclusive attitudes, as Dr. Kelman seems to suggest. They are closely intertwined and interpenetrating processes, like pyramidal and extrapyramidal innervations on the neurological level. In effect, this similarity opens up interesting genetic and developmental aspects of both *psi*-level communication and communing. Elsewhere I have called attention to the symbiotic child-parent relationship as the original prototype of the transference-countertransference configuration as well as of telepathic communication. It may well be that Kelman's concept of communing, that Levy-Bruhl's mystic participation, or Jung's primitive identity are derived from the same fundamental experience common to all mankind.

In particular, I think that communing of the type that happened in Kelman's case of the grandmother and infant is in effect the matrix from which subsequent verbal means of communication are derived. I believe, furthermore, that in some of the dramatic incidents of communing Dr. Kelman observed in the psychoanalytic situation, more highly differentiated forms of communication occurred together with communing. In fact, each of his examples brings into focus diverse levels of communication and communing, and each may in turn have carried a different therapeutic impact upon the patient.

But if this is so, we have to try to do some differentiating within Dr. Kelman's "undifferentiated and indeterminate esthetic continuum." We have to conceptualize and to evaluate the dynamic and therapeutic significance attending each phase, facet, or level of communing, so as to gain some measure of control and predictability of what is going on between patient and therapist at these critical points of their shared experience.

I go along with Dr. Kelman's feelings about what could be called "Conceptualiza-

tion and its Discontents" in our culture. But I also feel that we must, nevertheless, go on using our established psychodynamic methods and well-defined conceptual tools in order to keep our therapeutic actions in proper perspective.

No one can fail to be impressed with Dr. Kelman's fascinating examples of communing with nature, such as the climbing or swimming incidents. But I believe they belong into an entirely different category than his observations in the psychoanalytic situation. Here is the patient who felt he operated with his therapist "like a team." Here is the patient who told him of "feeling" him directly in a way which, according to Kelman, seems to have excluded sensory channels. And here is the patient who felt that his spinal cord was directly connected with the therapist's spinal cord and who talked about his sense of "pure being," of "new communication" with him. These, to my mind, are examples of communing channelled into the form of moving interpersonal experiences. But at the same time they could be described as striking instances of doctrinal compliance in that the patients responded in a highly sensitive way to Dr. Kelman's manner of thinking, theorizing, and expressing himself. I believe this to be true, even though the patients' responses involved more than mere doctrinal compliance and actually amounted to a living confirmation of Dr. Kelman's underlying philosophy. It is as though doctrinal compliance and communing would merge with the patient's therapeutic response at this point.

There is one more aspect of communing which, I think, should not be neglected in our discussion. Despite its essentially therapeutic and creative implications, communing may involve a potential threat to the patient with a weak ego, especially to the borderline schizophrenic. In this respect, too, it bears close resemblance to the potentially threatening, disorganizing effect of *psi* experiences on western man. Viewed from the angle of western man, mystic participation, communing, and *psi*-level communication carry a distinctively regressive connotation. You may recall even Dr. Kelman's reference to "awe and dread" when coming face to face with experiences of this order. They run counter to our overriding need for isolation, individuation, and self-assertion. Apparently an attitude of denial, reaction formation, and resistance to the very admission of the existence of *psi* is one of the prerequisites of our functioning as self-contained and closed personality units in the western sense. On the other hand, the trend toward mystic participation, toward loss of self-hood, toward surrender to *psi* influences—and to communing—seems to be incompatible with our prevailing individualistic, personocentric culture.

Needless to say, I do not share this attitude. But I do not think that we should go so far as to set up for ourselves the ideal of the Noble Mystic—a counterpart of Rousseau's Noble Savage—who gets all the answers met with in his clinical practice by intuition, and who tries to help his patients by mystic participation with them.

We have to try to follow Dr. Kelman in his daring exploration of communing in its many and varied aspects. Yet we must also seek to arrive at a better dynamic understanding of its operation, of its predisposing and conditioning factors, of its therapeutic potentialities, and its limitations and contra-indications as a therapeutic method. In any case, I feel that communing must not be regarded as a panacea for all the psychological ills of western man. A loosening of ego barriers, a greater readiness for communing is certainly most desirable in the vast group of character neurotics and obsessive-compulsives we meet in our practice. It may be less desirable in the hysteric, in the emotionally immature, or in the acting-out type of personality. Again, I hinted that to most paranoid schizophrenics the lowering of their guard against both communing and *psi* factors would constitute an overwhelming threat. It would only throw the door wide open for more of their delusional experiences.

This coldly analytic, scientifically detached—if not alienated—attitude toward our subject matter may seem to do little justice to Dr. Kelman's approach. I agree. The fact is that it throws light only on its

objectifiable, clinico-pathological, discursive aspects. It can talk about communing, but it cannot fathom its depths. It cannot get the "feel" of it. It cannot grasp its deeper, existential, meaning. This, in effect, is the price we have to pay for our need to uphold the supremacy of the scientific spirit, to remain western men, steeped in the tradition of our empirically oriented rationalistic, technological culture.

Is there a way out of this dilemma? Do we have to relinquish our essentially rationalistic orientation in order to make ourselves more accessible to the experience of communing and what it stands for? Do we have to turn back on the long trek that has led us, to quote once more the title of my anthology, *From Medicine Man To Freud*? Do we have to get tickets for a return trip, *From Freud To Medicine Man*, as it were? Again, if not, do we have to renounce forever the chance of integrating the unexplored depths of human personality with our total scientific picture of man? I do not think so. I think that one of the most important insights we have gained from Dr. Kelman's paper is the realization that western man, if he is ready to follow the lead given by Kelman's approach, is capable of encompassing and integrating both aspects of human experience: the scientific and the existential, or mystical, if you like.

In fact, the history of psychotherapy teaches us that there always have been two rival approaches to the ills that beset the human mind: one concerned with values, focusing on the world of inner experience, reaching out for freedom and aiming at creative self-realization; the other concerned with forces, energies and drives, focusing on causes and effects, on deterministic laws, and aiming at "human engineering." I do not have to tell you that in the contemporary scene existential therapy represents the former and Freudian psychoanalysis the latter approach. But I believe with Dr. Kelman that the two approaches need not be mutually exclusive. They should in effect be complementary, one supporting the other, much in the same way as my remarks tonight are intended to supplement Dr. Kelman's reasoning and not to dispute it. I also believe—and I think here, again, I am in agreement with Dr. Kelman—that the paramount goal of psychotherapy should be to teach western man to strike a balance between his extreme personocentric, detached, isolationistic outlook on the one hand, and the lost horizon of his basic solidarity with his fellowmen—and with the cosmos at large—on the other. To help in restoring this balance is, to my mind, the true significance of communing.

CHARLES R. HULBECK, M.D., New York: I have been trying to keep abreast of Dr. Kelman's ideas about communing and relating, and the more I know about them the more I see that we deal here with a wealth of thoughts as they relate to the development of modern philosophy and modern psychoanalysis. Both fields—philosophy and psychoanalysis—instead of separating have come closer, sometimes dangerously close, and through this the analytical process has broadened considerably. It has become obvious again and again that psychoanalysis cannot simply deal with concepts of health and sickness as they are used in physical medicine, and that in each case the goal of the therapist is limited by the personality of the patient. In other words, psychoanalysis cannot proceed on objectified terms or concepts which are distilled from the law of average. Health in the psychoanalytical sense is not to be confused with mental hygiene, but the end of a process of personality development, of personal growth, and acceptance of oneself. Many hundreds of pages already have been written about the self, about personality problems and, last but not least, about the creative personality.

The reaction to this trend has been strong, especially in existential analysis where some analysts, somewhat leery of metaphysics have recommended the strict adherence to Freudian technique and even Freudian principles. The old struggle of the scientists to avoid vagueness was taken up with new vigor, but with it the question of the nature of man centered again around

what Jung has called, "Modern man in search of a soul."

And indeed we see that we have to be concerned with Modern Man and not only with Man as such. Man understood as a whole is obviously a situational product and all his trends and traits are set against a specific cultural background. This has been of concern to us in our examination of the family influence on the patient. In many cases, especially in this country, of immigrants of different racial and religious origin, we could observe the powerful impact of cultural tradition as reflected in the requests of the parents to the child. We understand that the set of values, as we live it, consciously and mainly unconsciously, has a distinct cultural tinge.

The more you extend cultural knowledge the more complex becomes the picture, and the search for the soul as we follow it seems to lead to completely different results, if we proceed on such presuppositions as the oriental and the western traditional values offer us. Dr. Kelman's idea of communing is closely connected with his knowledge of eastern thinking and doing, but we learn from his manuscripts that the essential experiences in reference to communing and relating predate his travels to the East. Communing, as a matter of fact, is not an experience limited to the East, but is better and more clearly explained by the eastern way of life, and better understood in terms of eastern philosophy.

If we try to clarify the difference between eastern and western thinking we come to the conclusion that western man's goal is essentially teleological and what I call directive. This includes not only the wish to direct himself, but also the wish to direct others. This wish, radiating from what he calls his ego in his surge forward in time and space, has created a special terminology. Through this terminology, as we are used to it and as we use it unconsciously, eastern philosophy has been greatly misunderstood. It required the intelligence of some bold man to uncover the real meaning of eastern thinking and the eastern way of life.

I would say that Dr. Kelman's work in clarifying terms as to their western and eastern meaning is very impressive. It becomes especially useful in relation to psychoanalysis. The search for personality, for the self or the soul, is encompassed in the term "communing," which is, I think, a very specific western term. Communing means to have in common, to be together, but also to be common, to be ordinary, to be without rather than to be with. Consequently it means the state of communion which is a mystical term, or has a mystical connotation. Communion, as far as I understand it, also means a sudden identification with different media—oneself, water, forest, mountain air—which creates a state of oneness or wholeness that in eastern religion or philosophy is called Satori. Satori is also the state of enlightenment, the sudden flush of enlightened selfness, which may change a person's life.

The state of communion can only be reached by what Dr. Kelman calls "letting go," which means the release of the ego forces attached to definite goals and, consequently, the release of the whole philosophy of aggression and competition so well known to us as one of the major causes of neurosis. The state of communion also presupposes the acceptance of change which again is pertinent for the release of rigidity. It is this rigidity, according to eastern concepts (if we may use the phrase concepts of eastern thought), that encloses and imprisons the personality. Freedom is release from rigid, exacting, perfectionist personality traits. All these traits together have been called the armor, a subtle neurotic organization of defenses, and the destruction of this armor is fully reached in the state of communion.

It would take much too long to understand Dr. Kelman, if we try to follow all the different stages of his thinking. It is interesting, though, that we deal here with a western man, a representative of thoroughly western ways of thinking, as seen in psychoanalysis (which is perhaps the most western thought process, because there is really nothing more remote from the eastern mind than the analysis of the soul)—a man who apparently has reached and un-

derstood all the extremes of our aim-directed philosophy of life only to familiarize himself with Satori, the moment and the state of oneness with nature and ourselves.

We know that Freud considered aggression one of the basic evils that brought about unhappiness and sickness—"sickness unto death," as Kierkegaard calls it—and we know that Horney in connection with some of her concepts, such as the pride system and the idealized image, pointed to the harmfulness of compulsive aggression. On the other hand, Eric Fromm and other westerners, Dr. Binswanger for instance, recommend love as the antidote to involvement in a world which is the effect of aggression. In the state of communing, we learn that all these western concepts, the dynamics of the different psychological expressions, the play of the opposites, are resolved into one. It is only when the opposites come together in an immediate experience that our dualistic concepts merge. In such a moment inferiority and superiority, instead of excluding each other, assume their creative meaning. It is obvious that as long as our connotations stay split we shall not be able to understand and recognize the moment of creativity, of life, of immediacy, such as we see it in the state of communion. Aggression is also love and love is aggression, the feeling of being victorious becomes as important as the feeling of being defeated.

In the history of our western civilization of the last century there have been two distinctly marked trends of thinking. Both trends have been followed up with increasing speed. It looks now as if these two waves represent different philosophies bearing the signs of some sort of desperate efforts to free our world from conflict. One might think that the conflicts were widely expressed in political differences, as we see them in the struggle for survival between the two most powerful nations of the world, but one soon comes to the conclusion that this is a conflict which extends over the whole world, regardless of race, creed, and citizenship. Obviously, we are witnessing one of the great revolutions of all times, in which wars and massacres are impatiently pushed aside because one realizes the decision will not depend on physical arms, but on thought. There are two main trends of thought. One, I would say, is the trend going out for more and more factuality, for direction in Buber's sense, for change of the outside world through organization, which includes the adoration of efficiency, mechanization, and the progress of technology. This world is ruled by the object-related man, by the "it" man, by the man who accumulates and cannot be without. Here the person rules who puts the accent more on communication than on thought itself. This is essentially an enlightened, materialistic philosophy, which means well and tries to create the greatest happiness for the greatest number. As this philosophy has had tremendous success, success is its supreme value and as it rests on tangible progress which can be seen everywhere its representatives should feel pleased. The fact is that they don't seem to encourage the rising belligerency of the other trend of philosophical thought which is clearly directed toward the process of individuation.

The process of individuation can be understood best by what it is not. It is not a philosophy devised to help the greatest number of people to have the greatest number of refrigerators and cars. It is not a philosophy through which a person tries to accumulate, whatever this may mean. (I think of accumulation of material goods, first, but it can also mean accumulation of knowledge; even the accumulation of emotions for practical use). The process of individuation is fatally disconnected with all things eternal. It is the philosophy of detachment, man, modern man in search of a soul. It is the recognition of nothingness as the basis and perhaps the goals of human existence. It realizes human existence as an in-between state. It is, in other words, a realization. It is the striving for the realization of the self. Now, what is the self in western language? It is not Satori. It is not embedded in sudden flashes of insight and expressed in overwhelming happiness as being a part of the continuance of life. It is really not very much more than an at-

tempt to get rid of anxiety. It is the effect of rising anxiety in our world, of the feeling for the cold breath of the infinite. It is an attempt to find some sort of substance within oneself because the outside was unable to deliver the goods. For the modern man in search of the soul one thing is certain: technological progress cannot bring him the freedom and the security he needs to live happily. The process of individuation, essentially a process of being without, is a process of freeing oneself from anxiety.

Communion, to repeat, is a state of supreme reality where the opposites resolve themselves in some sort of special closeness to nature. This state can be reached by insight, by effort, by practice, physical efforts, and other means. It seems to be similar to Satori, the state of insight, but is really the beginning of all Oriental thinking. It is the specific sense of reality as the Orientals have it and, therefore, it is essentially different from the state or the process of individuation. In the process of individuation, characteristically, there is a goal and a direction. There is even, in a high, sublimated way, an aim-taking attitude. Consequently, individuation as we learn it—for instance, in Jung's psychology—is a rational process. Of course, rationalism, as we see it here, is not the innocent rationalism that rules pragmatistic philosophy. It is not simply measuring and testing oneself and others. The process of individuation is dependent on deeper qualifications than an above-average I.Q., but what goes on is typically western and dualistic in the sense that there is a beginning and an end, an up and a down, that emotions are set against emotions, imagination against calculation.

If this is so, the question arises whether we in the western world can ever reach the state of Satori, or whether our most sensitive and most intelligent men are just transcending their own basis and background because they are sick and tired of changes of thought which seem to lead nowhere. The anxiety that we flee from by searching for our soul through culture, religion, and analysis never existed in the Orient. There are many reports from early travelers in the Orient about the indifference of the Orientals to death. In World War II our troops were amazed by the Japanese suicide squads. It is the fatalistic attitude, as we sometimes see it in our western world in religious people. But none of us, not even the devoted, are fatalistic in the oriental sense. We are all anxious. Our personality is embedded in and surrounded by anxiety. The difference between the enlightened liberal pragmatism and the search for the human soul, the process of individuation, are only two aspects of one western mind. As this western mind is essentially restless, rational, and dynamic, it performs in opposites and behaves like a man who cannot sleep, tossing on his sheets, sometimes showing his frontside, sometimes the other.

In enumerating the difficulties of the western world in accepting Oriental ways of thinking, we deal, I think, with two essentially different concepts of reality. We should also emphasize that there are possibilities for happiness in a rational world, not only through following the narrow path of individuation, but also through achievement, through anything that, though rational, doesn't fall into the trap of rigidity. In other words: we are not so badly off as the Orientals may think.

To summarize, I would say that Dr. Kelman has made a highly interesting and intelligent contribution to our knowledge of certain psychological states as we see them occuring in the East, often under the influence of Oriental religious or philosophical thinking. It is difficult to say to what extent these stages are observable in our analytic processes and in our patients, although the occurence can hardly be doubted. They obviously have a meaning transcending cultural limits. Dr. Kelman gives us some highly interesting examples of such states as they have occurred in his analytical work. In each case, however, the analyst has to ask himself the extent to which he is suffering, as we all do, from what may be called the all-out western malaise, thus longing for Satori as a way to permanent freedom.

THE INDIAN DOWRY SYSTEM: A CLINICAL STUDY

RAMANLAL PATEL

IN INDIA the caste system is a paradox. Although it has evolved from Indian philosophy, which is based on truth, non-violence, and abstinence, it is both violent and untrue. It continues, in part, because of the belief in rebirth and past Karmas—that is, actions done in previous lives—and, in part, because of the parental demand that one obey his elders or risk the wrath of both earthly and supernatural powers.

Deriving their sanction from religious beliefs, the higher castes have expressed their hatred for the lower castes without any feeling of guilt. Subscribing to these same beliefs, the lower castes have submitted to the higher castes and suppressed open expression of their hatred for the others. Much delinquent behavior and paranoid ideation have developed in dealing with hostile feelings as a result of such mechanisms.

It was perceptive and conscientious individuals of the upper castes who first took a stand against the injustice done to the lower castes. As a result, the lower castes became increasingly aware of the inequities and maltreatment they suffered. Deeply entrenched in their theology, however, they were practically immobilized and without the aid of the upper castes they would have been unable to take action.

The unconscious motive behind the caste system was to establish the pseudo-superiority of one group by psychologically castrating the other groups. This move was derived from a feeling of insecurity. The greater the insecurity, the greater the desire to dominate by creating false standards. The dictum followed has been, "Do unto others what you would not like others to do unto you."

This distorted psychological reality has created many problems and has been the cause of various mental disorders, including psychosomatic disabilities and innumerable suicides.

One social custom associated with the caste system and deeply rooted in the community is the bestowing of a dowry. The evil effects of this tradition are felt from the moment a child is born. Girl children are not welcomed because the parents immediately must worry about saving enough money to pay the necessary marriage dowry. On the other hand, boys are welcomed into the family. No matter how sophisticated the parents may appear to be, they treat daughters psychologically quite differently from sons. The girl is directly or indirectly made to feel that she does not belong to the family, since she one day will be married and sent to someone else's

Mr. Ramanlal Patel, M.I.P.S., Vishra Bharati University Graduate; Indian Psychoanalytical Society, Member and Training Analyst. Author: View of the Mind (translated from Gujarati); Case Studies, Upbringing of Children, Our Dreams (In press). Articles in *Samiksa*, official journal of the Indian Psychoanalytical Society.

house. The family impresses on her that to get a husband for her will not only be difficult but costly. Realizing that she is not wanted and that her parents are merely waiting for her to get married, she naturally wants to be wed as soon as possible. Since the girl also knows that her in-laws will neither accept her nor treat her with affection unless she brings a large dowry, she is quite persistent and insistent that her family provide a suitable sum. Her parents, considering her a burden, try to satisfy her demands since they wish to relieve themselves of their obligations. In fact, some families have been known to kill newborn baby girls rather than take on this responsibility.

The dowry also has an adverse effect on boys. They invest their maleness with pride and feel superior. They estimate themselves in terms of coins and build their hopes and ambitions on the money their future brides will bring.

However, since many parents of girls are not so rich as to be able to fulfill the demands of the would-be bridegrooms, much misrepresentation occurs. In order to lure the husband-to-be, the girl's parents and other relatives may give many false promises, promises which often can not be fulfilled after the marriage. Obviously, this brings the new bride into conflict with her husband and his family. Many girls, unable to stand the strain, have suffered neurotic and psychotic breakdowns and some have even committed suicide. In fact, the groom's family sometimes is so offended that marital discords, family feuds, and even murder of the bride occur.

The young man, finding he has been deceived and his expectations not fulfilled, often responds with righteous indignation. The anger, coupled with a withdrawal of interest in his wife, often leads to variety of neurotic symptoms, the most distressing of which is sexual impotency.

To illustrate, here is the case of a twenty-seven-year-old man who described the following symptoms: a heavy feeling in the head, tightness in the chest, sinking feeling in the stomach, cold extremities, fear of talking, and free-floating anxiety. The onset of these symptoms occurred the day after his wedding. In giving his history he explained that on the first night of his marriage his wife had informed him that she had not brought the 8000 rupees her parents had promised as a dowry. She further stated that her parents could not afford such a large sum, but that if necessary she would work in order to earn that amount. He was tremendously shocked, since he had married her with the expectations of furthering his education with that money. He lost all interest in his bride and emotionally withdrew from her. Losing his erection, he was unable to continue sex play with her. The next morning he woke experiencing the previously mentioned symptoms. He felt shattered and helpless. He believed himself deceived and was consumed with the thought, "If only they had told me they could not afford to give me the sum they promised. I could have married another woman. Why did they deceive me?"

For a few sessions we discussed the sociological aspects of the dowry system and traced its history. My object in doing this was to make him appreciate the fact that he had become disturbed in part because he depended on a system which made him completely self-centered. Once he understood this he began to see that he had identified his potency with the dowry he was so dependent on. Through our discussions

he became aware of the fact that the hostility generated within him and directed toward his wife and her family arose because of his anxieties over his own inadequacies. His need to be supported was frustrated and his pride in acquiring a large dowry which would have raised his status in the eyes of others was hurt. As he began to realize these things, he began to rely more on his own strength and less on the dowry. His hostility subsided, his potency returned, and his adjustment with his wife improved considerably.

In considering this case the following questions come to mind. Can an unresolved Oedipus complex and hostility toward a father, accompanied by severe guilt for such hostility, bring about a breakdown? Can such a shock cause a man to regress to the anal-sadistic stage of development? Can dependency on others cause neurosis? I believe that the tendency to be dependent on others begins with the day of conception. The fetus in the womb depends upon nourishment from the mother's body; if the fetus does not get sufficient nourishment, does the need for dependency increase? Perhaps the patient's mother gave him insufficient breast feeding? Because of this did he start to expect more and more from others? Here it is important to note that the patient liked women with big breasts. To him, unconsciously, big breasts meant more milk and more dependency. His wife's small breasts disappointed and displeased him. Unconsciously he connected loss of milk with loss of dowry. Can we assume he remained at the anal stage of development? Was it because of this that he wanted to be bribed to accept this girl as his wife? Clearly, when the bribe part of the marriage bargain fell through he became furious. When his sadistic tendencies began to operate, his unconscious ego withdrew his potency. His narcissism was also affected since the lesser the dowry, the less esteem he earned in the eyes of his caste. Thus feeling deprived or cheated, he suffered from castration anxiety.

Another type of difficulty arose in a young man from a so-called reformist family which allegedly did not believe in accepting dowries. When he was married, no dowry was even offered. This angered him because he felt that the in-laws should have at least offered it to him. Since he theoretically did not believe in this custom he could not express his anger directly. Instead he started mistreating his wife. Two months after his marriage an incident occurred which completely depressed and enraged him. His wife's brother got married and received a large dowry. The patient criticized his wife's parents bitterly for permitting their son to accept it, since they had not even offered him one. His wife's reaction was one of retaliation. She was highly critical of his position and told him that he had not been offered a dowry because he did not deserve one. This infuriated him and he struck her across the face. From then on he treated her in a violently sadistic and domineering manner. Concomitant with this, however, he lost his potency. He blamed her for his failure to achieve an erection and abused her even more.

A third example is the case of a girl whose father was a reformist. The family into which she married believed that their social prestige depended upon the size of the dowry received from the girl's family. Even though her father did not offer any dowry as such, they expected her to bring some property in another form. When the mother-in-law realized this was not to happen,

she felt outraged and through her behavior and remarks, she alienated her son from his newly-wed wife. The young man began to refuse to comply with his wife's requests and referred all problems to his mother for decision. The mother-in-law ordered her son to have no physical relations with his wife because she said the girl had lowered the family's position of respect in the eyes of the community. Ultimately, the bride broke down, but in doing so she directed all of her anger toward her father, blaming him and his reformist views for her misfortune.

The birth of a girl may come as a harsh shock to a mother. In one case a woman, one month after conception, was told by a fortune teller that she would have a daughter. This upset her so much that she could not sleep. Her anxiety increased and she experienced much guilt. She worried about the dowry obligations and the potential wrath of her own mother-in-law. In India, mothers-in-law dislike daughters-in-law to give birth to girls, particularly in communities where the dowry system is strictly adhered to. This woman decided that instead of passing sleepless nights for the next eight months, she would have an abortion. No doctor would involve himself and she became increasingly depressed. She lost her desire to do anything and became progressively inactive. Her restlessness increased until the time of her delivery when she shouted and screamed uncontrollably. Although she gave birth to a male child, she refused to look at it or take interest in it, even refusing to nurse it. It is possible that her hostile reaction was the result of an unconscious wish not to have any child, which may have been activated by the fortune-teller's prediction.

As a therapist I find it very difficult to deal with such problems. Even though psychotherapy benefits the involved individuals to some extent, the sociological difficulties still remain. Most families still are adamant about maintaining the status quo.

In addition to and complementary with the dowry system is the joint family system. Both are inseparable; if one breaks, the other must also. Neither legislation nor talk of reform helps. Industrialization, which strikes at the roots of the caste system, may prove to be the only effective means of bringing about change. While it is not to be implied that the caste system and the dowry system in themselves are the sole cause of mental illness, the hostile emotions generated certainly complicate the picture. If the therapist does not pay attention to either of the two contributing factors, the treatment does not do the patient any good. Even if we say that the patient has regressed to a certain stage of development, merely having him remember childhood incidents has no effect on his mind. Interpretations must be correlated with the sociological side of his life for them to have an effect in bringing about change. A child grows from complete dependency as a fetus to complete independence in the genital stage, and each stage that he passes through is colored or affected by the preceding stages. Pinpoint therapy is bound to create confusion. A patient who is analyzed only at certain pinpoints of his development fails to reach that stage of unattachment where he is not disturbed by things denied him.

BOOK REVIEWS

YOUR SPEECH REVEALS YOUR PERSONALITY. Dominick A. Barbara, M.D., F.A.P.A. 174 pp. Charles C. Thomas, 1958. $5.50.

If Dr. Barbara has succeeded in bringing the late Dr. Karen Horney's analytic concepts to the attention of speech specialists, he has done a service of considerable importance. In stressing the need to see the stutterer as a whole person and to treat the person rather than the symptom, Dr. Barabara is certainly on solid ground. He very correctly states that Horney theory is a most useful tool in this approach to the character disorders which in some instances result in speaking difficulties. When Dr. Barbara comments on the misuses to which speech is put in our daily life—to mislead, to confuse, to replace thought with pat phrases and formulas, to substitute surface for depth, to impose conformity rather than encourage individuality—he is pointing emphatically at the manifestations of anxiety in our society. He also specifies the kinds of goals the healthy individual pursues and indicates that psychoanalysis can help put one on the right track, on the road to self-realization, maturity, adult status, wholeness, or whatever term you prefer to use to describe the integrated, happy, productive person.

Dr. Barbara attempts to demonstrate specific speech patterns existing for each of the three primary neurotic types delineated by Dr. Horney: the self-effacing, the expansive, and the resigned individuals. He presents evidence to support this: there are self-effacing speakers who are apologetic, meek and mild, conciliatory, hurt by loud or aggressive words; there are "men of few words" and cerebral conversationalists among the resigned group; and there are the expansive talkers who use language vindictively and to achieve domination over their listeners. What is important to add is that just as a predominantly self-effacing solution may mask very intense aggressive urges, and the expansive solution may be the front for a great longing for dependence, so speech patterns can and do reflect the defense against specific drives. At times, however, speech permits the emergence not of the predominant or prevailing neurotic solution, but of the desired and feared drives. For example, the resigned individual in his speech patterns may be caustic, seductive, placating, amusing, masterful. (I am thinking of a specific patient in my practice with these speech effects.) The dependent patient may deluge the analyst with sweet words, strive desperately to keep him from saying anything which might uncover the hostile impulses not far below the surface, the reaction to projected self-hate. (Again, this refers to a specific person in treatment with me.) While the typology of Horney is helpful, like any formula, it can limit the view and interfere with original observation. Speech patterns in a family have their own particular history. Permissiveness in verbal expression may exist right alongside restrictiveness in action. The child's "wise cracks" may be encouraged and his freedom to explore and act in social situations severely discouraged. A self-effacing mother with typical "timid" speech behavior may encourage talkativeness in an otherwise self-effacing child who grows up with an overevaluation of talk as a means for controlling or seducing the people with whom he lives, plays, and works. Speech, therefore, has to be seen as one aspect of behavior of the individual and, far from revealing the personality, it may at times only be understood when the rest of the character structure is comprehended.

A weak point in Dr. Barbara's first book, "Stuttering," is again evident in this work, namely, the (I assume) hasty editing which

has resulted in unnecessary wordiness, typographical errors, and a surprising lack of actual clinical examples (Dr. Nolan D. C. Lewis's foreword to the contrary not withstanding). Among the typographical mistakes note this sentence on page 23: "What is a course (sic) itself but a word winged for carrying physical harm?" This purports to be a quotation from Stuart Chase. On page 29, the opening line of the second paragraph reads: "For secure and adequate people, the spoken word may carry an effect of tremendous impact." As an example of obscure wordiness consider the last sentence on page 46: "These and many other similar examples are indications that the body has a peculiar language of its own through which it conveys feelings and meanings it is unable to verbalize or healthily abstract to higher and more productive bodily levels." There are other disturbing inaccuracies which are the more glaring for their appearance in a book on communication devoted in part to the thesis that we do not make our meanings clear enough in speech (and in writing).

I feel that Dr. Barbara is doing a considerable service to psychoanalysis by disseminating the teachings of Dr. Horney among workers in the speech-disorder field. It is to be hoped that out of his devotion to the subject of speech, disordered and otherwise, will emerge more of his own formulations of his undeniably extensive and able work in this special area. I am anticipating with eagerness a future opus by Dr. Barbara, an elaboration of a most important subject comprising one chapter in the present book, "On Listening."

—EDWARD GENDEL, M.D.

THEORY OF PSYCHOANALYTIC TECHNIQUE. Karl Menninger, M.D. 206 pp. 1958. Basic Books. $4.75.

TECHNIC AND PRACTICE OF PSYCHOANALYSIS. Leon J. Saul, M.D. 244 pp. 1958. J. B. Lippincott. $8.

Although both books deal with technique, it is important to note the difference in their titles. Menninger indicates that he wishes to concern himself chiefly with the "theory" of psychoanalytic technique; Saul with its "technique and practice." Aside from the possible difference in scope, there remains the important question how much of a coming together of the two there would be if Menninger's "theory" were brought down to "technique and practice." As they stand there is a wide gap between them. True, both seek to establish their orthodoxy by frequent reference to Freud, and both emphasize transference and resistance as basic, yet the tenors of the books differ and so, presumably, would the results achieved by each technique.

Menninger describes an analytic technique which is essentially a process, with a beginning, a driving forward (regressively and progressively), and an end. In its essence it is above doctrine, about which more will be said later. It has a somewhat epic quality to it. It is a struggle of a human being toward a light which he but dimly perceives. Along the journey he may often want to settle for less, turn back, or turn into side roads which he has often taken before, all the time fitting the analyst into roles which serve such objectives. He may want to climb on the shoulders of the analyst and sit the journey out, not knowing that he cannot thereby discover the strength in his own legs, the courage in his own soul, or even recognize the light he finally beholds for what it is. The analyst makes the journey possible for the patient, but doesn't make it for him.

The process itself then is the essential part of the "analysis." One may conceptualize what happens within the process and what the analyst does (and doesn't do) in various ways. From this book alone one would not know how tenaciously Menninger does or does not hold to Freudian developmental stages, libidinal fixations, castration fears, life and death instincts. He refers little to these and other orthodox doctrines and still presents the nature of the process with great clarity. Regression, resistance, transference and countertransference can be taken in their classical meaning or on a phenomenological level. There is ample room left for the recognition of any compensatory superstructure

that the patient may have erected in reaction to his illness at the same time as the analyst focuses on the process as of primary importance.

The psychoanalytic process as Menninger describes it may, therefore, be said to transcend doctrine. It is all the more regrettable that he should find it necessary to attack those who may see content differently than he does. This bias makes it impossible for him to recognize fully the contributions of those outside the orthodox fold to the unhinging of psychoanalysis from singular and episodic causation and to the development of "ego" psychology.

Menninger does not deal at length with the mechanics of psychoanalysis. He follows the standard procedures in the use of the couch, the frequency of interviews, and other such matters. He acknowledges that, applied in that way, psychoanalysis can be available only to a small number. Whatever other reasons there may be for this being so, the question remains as to the adequacy of the theory of such a psychoanalysis and its resulting methodology.

Saul's book is obviously written out of the large, cumulative experience of the author. The result is the exposition of a technique which has undergone change, become more elastic, focused more and more on what he considers essential, and generally been responsive to the patient and his problem. Understanding the patient becomes cardinal and mechanics secondary, and the entire approach to the patient is with a sense of humility. There is thus conveyed to the reader an optimistic outlook for psychoanalysis and its clinical potentialities and responsibilities. The obvious question that arises is whether this is the same psychoanalysis that Menninger is dealing with.

As to theoretical framework, what comes through from Saul's book is an attitudinal psychology having its origin in the early familial experience. Therapy consists of inducing in the patient correction of such experience as it is evoked in the transference. But unlike Menninger, Saul gives little sense of process as the primary goal. In a clinical example he mentions he may actually be compromising the maintenance at high pitch of those forces in the transference (used broadly) which keep the process going. Saul is certainly not unaware of what he is doing because he mentions that he also elicits interpretations as well as "gives" them.

There is much concern with the ego of the patient and appeal to its rational aspects in Saul's book. Although there is some reference to Freud's stages of libidinal development, he too makes little use of it. However, the id-ego-superego schema of personality organization is followed. Neurosis is not seen as the exclusive result of one traumatic event, but the elaborate self-molding by the patient in response to his difficulties is not identified any more than it is in Menninger's book.

As already indicated, Saul takes pains to establish his orthodoxy by frequent quotations from Sigmund and Anna Freud. Nevertheless, his list of references, from which he generally does not quote directly, includes a paper on ego psychology by Kris as well as one by Horney on psychoanalytic technique as described by Metzger. Sex is seen more broadly and caution is urged on the psychoanalyst in interpreting symbols. There is a good chapter on free asssociation. While Saul's writing is readable, the style is not an elegant one. It could have been improved by more careful editing and thus some unclarities could have been avoided.

An easy characterization of the two books, and no doubt one that will be made, would be to say that Saul's book deals with a psychoanalytically oriented psychotherapy, Menninger's with the real article. That would be considering the two books from an altogether theoretical frame of reference. Perhaps if a few patients could be sandwiched between the covers of Menninger's book, the difference between the two would not be that great.

Both books have merit. In Menninger's it is the grasp and elucidation of the broad sweeps of psychoanalysis. That is done with great competence and elegance. In Saul's there is the developing, changing nature

of psychoanalysis as a tool for practice. Both books deserve to be read.

—BERNARD ZUGER, M.D.

PSYCHOANALYSE UND DASEINSANALYTIK. Medard Boss. 155 pp. Verlag. Hans Huber, Bern & Stuttgart, 1957. In German.

In this small volume Dr. Boss, Professor of the University of Zurich, does not put *Daseinsanalytik* in opposition to psychoanalysis, but discusses both directions side by side, pointing out their differences, similarities, and common roots. He tries to prove that Freud's practice of psychoanalysis was based from the very beginning on his intuitive grasp of the very nature of human being and his ability to relate himself to his patient, thus enabling the sick individual to reveal himself as a free, open, and enlightened being. Boss is one of the few interpreters of German existentialism who manages to bring Heidegger down to earth, penetrating through his armor of difficult, idiomatic language.

In the opening chapter of the book the author discusses Freud's psychoanalytic practice and attempts to separate it from Freud's theories which, in his opinion, lag far behind the immediate reality of the actual therapeutic experience. In no way, however, does Boss try to detract from Freud's greatness. On the contrary, Freud emerges as the genius who, by intuitive means, understood many fundamental human processes even if much was left unsaid or distorted by subsequent theoretical "superstructures." Freud's basic concepts and tools are discussed and evaluated in a special section starting with a brief historical review of the development of psychoanalysis. Boss discusses Freud's discovery of resistance and transference, of free-association technique, dream interpretation, concept of the unconscious, the technique and advice given to his colleagues. The author deplores Freud's tendency "to reduce his fine clinical observations to barren theory with creation of new concepts behind our perception of the directly given qualities of the object to be investigated."

Boss rejects two of Freud's fundamental hypotheses: 1) That the psychic apparatus is pictured in terms of spatial extension, a sort of telescope or microscope, and 2) Freud's assumption that the acts of consciousness are defective and of fragmentary nature (*Lueckenhaftigkeit*). Boss assumes that Freud had to resort to the concept of an unconscious in order to prove that there is a stratum of the psyche in which there are closed and complete connections between all objects present. Since the very definition of an unconscious indicates an uncontrollability, Freud could ascribe certain qualities to it, such as possessing complete causal connections which are not present in the immediately comprehensible reality. How could Freud, without taking refuge in the concept of the unconscious, explain the mechanism of projection and transference? Since when, asks Boss, can something like affect and feeling tone be separated from the experience, be it from things or beings perceived? How can a feeling of hatred, for instance, be detached from one's father and be projected on the analyst? Any theory, claims Boss, which has to resort to such an escape has to pay with a profound loss of its reality content.

Boss criticizes Freud's attempt to make psychoanalysis more respectable by declaring that psychosomatic processes are really representatives of the psychic proper. Boss heartily disagrees with Freud's hypothesis that somatic zones develop psychic representatives in the form of id-drives! And, furthermore, Boss doubts that acts of consciousness arise in an isolated brain organ and that these "fingerless acts of consciousness" could play on the strings of this bodily instrument. This way, says Boss, will never lead to an understanding of human behavior. Experiencing and knowing is something pertaining to the essence of a human being as an indivisible whole! Despite these "theoretical reductions" the author concedes that in his practical approach Freud never ceased to let his patients be whole human beings. He never treated them as telescopes or bundles of instinctual drives, as might be suggested from his theories.

In the next chapter, Boss points out that some of the most gifted of Freud's friends and successors attempted to burst open the prison of Freud's theoretical superstructures. They objected to looking at the human being out of context with his being in the world as an autoerotic or primary total narcissistic being, ruled by instincts and partial instincts. Nunley introduced the concept of a synthetic function of the ego. Balint reminds the psychoanalyst "to take seriously what all of us have found and what Ferenczi has described in his 'genital theory': namely, that even in the deepest, barely accessible stratum of our soul there is a distinct object relationship possible." And in the analysis of children it was discovered that autoeroticism is not objectless but is to be understood as a distorted residual of miscarried object love. Hartman, too, speaks of a fundamentally existing relationship with the outside world. This comes more and more into focus as psychoanalysts try to bring their concepts into accord with the immediate observations of their practice, thus diverging more and more with the classical Freudian school. In this context Boss mentions the names of Rank, Reich, Horney, Fromm, and Sullivan. He then discusses the complex psychology of C. G. Jung, pointing to his two important deviations from Freud. In his "Vicissitudes and Symbols of the Libido," Jung disagreed with the abstract quality of the theoretical concept of Freud and turned to the phenomenological approach. Furthermore, Jung was not satisfied with accomplishing full working capacity of his patients with their ability to enjoy pleasure, but he recognized that psychoanalysis could pave the way toward full self-realization, to what he calls "individuation." Boss regrets that Jung got stuck in the concept of "archetypes," the existence of which is as demonstrable as Freud's "instincts." Thus, Boss arrives at the following conclusion: "Although Jung points the way toward new fields which were as yet inaccessible to Freud, the explicit understanding of human nature, which alone may illuminate and make transparent all the manifold happenings within therapy—this fundamental understanding is still conspicuously absent from Jung's psychology."

Boss devotes an entire chapter to giving a brief outline of Heidegger's *Daseinsanalytik* which, he claims, makes explicit the very understanding of human being which is implicitly inherent in Freud's practice of psychoanalysis. Heidegger calls himself an "ontologist," not an "existentialist," because he places emphasis on the quest for Being. "Being" means "being present" and thus the concept of Being also gives rise to the concept of Time. (The title of Heidegger's most important book is "Being and Time.") Inherent in Being is an illuminating quality because "only into an open region of light can something like a 'presence' occur." Human being is a specific mode of Being; in Heidegger's terms it is "a presence which in a very specific way appears as the clearing of Being."

According to Heidegger's philosophy we must not attempt to classify human beings into categories or label them as "soul," "person," or "consciousness." Human being is something primary and indivisible. Man just *is*. Inherent in the fundamental concept of human being is the ability to cast light, and this illuminated region constitutes man's world. Thus man brings his world (his "da" or "there") along with himself. Being in his world is his "*Dasein*." Heidegger calls the "fundamental knowing of Being" a factum and not a postulate. Understanding this, we cannot describe a man's character in terms of *having* certain gifts and qualities. Man *is* his potentialities. He does not have them, he simply has to realize himself. It is man's essence to illuminate, to throw light on whatever might be present, causing certain things and beings to reveal themselves, leaving other ones in the dark. Like a searchlight he casts himself his own world. Thus, he is not passively thrown into the world but actively "throws" it for himself.

The relationship between Being and human being Heidegger calls "transcendence." In this meaning there is nothing to rise above anything, no splitting of the world into subjects and objects, no gap to be bridged. Human being is able to il-

luminate things according to its own brightness and capacity to illuminate. The revelation of things cannot occur without this illuminating power of human being; and human being cannot exist in itself alone without the presence of things encountered. For how could man realize himself without relating himself to what he encounters, be it things, plants, or other beings? Not even light in the physical meaning can appear as light if it does not encounter things which reflect its luster. To be open to the world enables man not only to discover things present and to grasp what is there to know, but also to become immediately aware of other beings which are in this world, too—beside me and with me. This being with each other in the world is included in the *Dasein* like the single sun rays constituting the brightness of daylight.

Man is a being, which means a "presence," and as such a temporal being. This temporality of human being is of a peculiar kind. It is a continuous becoming, starting from the past, through the present, into the future, encompassing these three "temporal ecstasies," as Heidegger calls them. Thus, the historical *Dasein "zeitigt sich,"* translated "temporalizes itself," creating the concept of "temporality." The same holds true for "spatiality." Space is not outside of the *Dasein,* but human being expresses itself spatially in its encounter with things and fellow beings. Time and space used in this sense are different from their conventional meaning, such as "stay with me a 'cigarette-long' " and "my friend who is overseas is closer to me than the stranger next door."

Fundamental insight into the basic condition of human being enables us to understand that it is man's destiny to realize himself as a being who cares for encountering beings and things in such a way that everything that is and might be might unfold itself according to its inherent potentialities in the best possible way. Such is Heidegger's concept of self-realization.

If man does not fulfill his destiny, his conscience will recall him in the form of guilt feelings until he takes responsibility for caring for himself and for his fellow beings and all things he encounters in his world. Thus he will live fully and completely and in the end will be blessed with being able to die. To be capable of illuminating things and beings so that they might open up in this region of light constitutes the essence of man. It is this essential quality of man that gives rise to the danger that man might lose himself by falling prey to the things unfolding themselves in his light until they overpower him. Heidegger speaks of the danger of "forfeiting" or losing oneself. The consequence of this is a blind, unauthentic, anonymous existence, namely, making oneself dependent on traditions and conventions, a prey to powerful forces outside of oneself. It is difficult for man to free himself from the mentality of the anonymous world and to be himself. Therefore, there is the constant danger that man will escape from himself, become blocked in his development and maturation, or fall physically or mentally sick.

In the next chapter, Boss draws many parallels between psychoanalytic practice and *Daseins*-analytical understanding of human being. Freud as well as Heidegger uses a similar vocabulary when characterizing the essence of man. They speak of understanding, openness, illumination, freedom, and truth. Freud's immediate observation and description of clinical material show the same fundamental understanding which made it possible for his patients to open up to him and to become free and enlightened, world-open beings. He was not the mirror analyst of his theories, but in his unusual kindness and humanity was quite transparent to his patients. Nor did he in any way deal with them as psychic apparatuses driven by libidinal energy.

Heidegger has pointed out the unity of past, present, and future that constitutes the continuous history of man. Freud, too, was aware of the importance of life history as it revealed itself in childhood memories, dreams, fantasies, and physical or psychological symptoms which are never absurd or illogical, but always have mean-

ing and importance for the individual. Freud recognized that the past is not a dead or alien thing to be cast off by the patient, but that it is to be recognized as an actual power, still manfesting itself in the present. The past may conceal itself and yet obtrude in such a detrimental way that it blocks the present and the future, giving rise to pathological symptoms. ("The hysterical patient suffers from reminiscences.") On the playground of the analytical situation, the past is being reactivated and in the transference reaction the patient can recapture and re-own what had been forgotten in the full light of the present and be prepared to meet the challenge of the future.

Heidegger stresses the fact that man can develop only what he possibly is, according to his mode of relating himself to things and beings he encounters. To fulfill or to refuse to fulfill one's destiny constitute's human freedom. Freud, too, knew about the freedom of being able to choose. He knew about unauthentic living and the forfeiting of self-development to the mentality of convention, tradition, and foreign powers. He accepted only such individuals for psychoanalysis as were capable of choosing this freedom without being handicapped by insurmountable obstacles.

Boss sharply criticizes the method of free association as viewed by the association psychologists of the eighteenth and nineteenth centuries. There is a world of difference between the fundamental understanding of human being based on the immediately apprehendable phenomenon of human freedom, and the deterministic psychology founded on unrealistic, abstract assumptions. Boss maintains that there are no isolated experiences, impressions, or perceptions; that they are not accidentally linked together by spatial or temporal occurrences, bringing them in a sort of neighborhood; and that in a puzzling and unexplainable way they might be stored as "engrams" in the brain organ from which they might be "ekphorized" by memory. Boss assumes that Freud, after all, seemed to have borrowed only the title "free-association method" from this psychology. For he knew that there was no actual danger of bringing forth a flood of accidental, chaotic perceptions and memories in the analytic hour. He knew that the associations of his patients were not really "free" in the sense of being merely accidental. For the patient remains under the influence of the analytic situation, even if he does not focus on a certain topic. He will only remember material which immediately pertains to the situation! Thus the method of free association is being used by Freud to widen the patient's horizon and to help him to illuminate essential contents and meaningful relationships. With the secret confidence in man's original openness to the world, Freud could demand of his patients that they open themselves fully to the therapist, and of the physician that he might undergo his own personal analysis to remove his dark, blind spots and emerge from the bondage of unauthentic existence into the freedom of awareness of his self-nature.

And there is still another parallel between Freud's and Heidegger's concepts. They both consider language to be the focal point of the illumination of human existence. Heidegger calls language "the house of Being" and Freud does not dismiss his analysands unless they put into words all the images, fantasies, and thoughts which had been concealed.

Finally, both psychoanalytic practice and *Daseinsanalytik* agree in that they are not analysis in the proper meaning of the word. Neither one tries to take a human being apart and then bring about a synthesis. Both speak of analyzing only in the sense of making transparent the essence of human being as far as its structure and organization is concerned. But to speak in terms of structure and organization is only possible and meaningful in view of an indivisible whole. For only a whole organism can have single organs.

Daseinsanalytik always has emphasized that it is man's destiny to illuminate in the light of his own existence everything and every being he encounters, and to help them to the best of his ability to develop themselves according to their real nature. He, in turn, as the servant and keeper of

the truth, is simultaneously liberated from the shackles of self-inflation and from the autonomy of subjectivistic attitudes.

The same happens in silent agreement in Freud's practical application of psychoanalysis. Here, too, it is demanded of the analysand that he overcome his false pride and vanity and give up the pseudomoralistic standards which used to decide what one is and how one should react to things. The originally intended goal to help the patient reach his full capacity for work and for the enjoyment of pleasure now gains a deeper meaning. Psychoanalysis does not intend to be anything but a single service to *that* truth which enables a human being to develop all that is essentially in him to the fullest of his possibility, and to own it, to accept responsibility for it, to love it. Thus, psychoanalytic practice demands of the analyst an unheard-of, selfless, all-encompassing care and acceptance of his patient. He has to accept this other being wholely and completely, with all his physical and psychic assets and shortcomings, giving him full freedom to reveal himself and be himself. To this extent the therapist has to disregard his own wishes, claims, prejudices, and ambitions. He must abstain from molding the patient into anything which is not the individual's very own. He must make his relationship with the patient the "playground" for all these emotions and attempts at relating which will offer themselves to his patient in the analytic situation. The analyst must withstand the temptation to seek personal advantages from the situation which might arise as a consequence of this transference relationship. No analyst would ever be able to cope with the thousand hardships of Freudian analysis if, transcending his conscious, scientific attitude, he did not have the fundamental understanding of human being as a mode of Being and the common anchorage in the we-relationship. Thus, Boss concludes, the therapeutic approach of the psychoanalyst springs from the same root that constitutes the basis of all existential thinking.

It is quite interesting to observe how completely Boss accepts *Daseinsanalytik* as an adequate foundation for his own theory and practice of psychoanalysis. In the last part of his book he gives an illustration of his use of dream interpretation in therapy according to Heidegger's principles. His patient had undergone Freudian and Jungian psychoanalysis which had failed to help him. For the interpretation on the instinctual and spiritual level eluded him and he did not form a good doctor-patient relationship. Boss gives a masterly clinical description and interpretation of an important recurrent anxiety dream, initiating a psychotic episode with subsequent complete recovery. Only his third analysis, which was conducted accord- to the existential approach, made it possible for the patient to relate to the physician and with his help to experience his own narrowed world.

While reading all this, one becomes aware of certain similarities and differences between the *Daseins*-analytical approach and modern American psychoanalytical directions. The concept of what could well be called self-realization, the concept of the doctor-patient relationship, the emphasis on experiencing instead of merely knowing and remembering, the importance of verbalization, of taking on responsibility for himself, the shifting of the center of gravity from the outside (unauthentic living) to the inside, the abstaining of the therapist from molding his patient into any preconceived patterns are familiar to the modern analyst. However, one cannot help being surprised at the author's rejection of the concepts of the unconscious, unconscious motivation, and free association. Despite this, his holistic attitude, his emphasis on the fact that the human being is always acting as one whole who is more or less aware of his *Daseins*-possibilities, helps us to understand Boss, as well as Heidegger, who are both phenomenologists at heart. Since one of the roots of existential thinking is anchored in ancient philosophies and religions, one could compare Heidegger's concept of human being as "clearing of Being," with the "individual self" being part of the "Universal Self."

—GERDA WILLNER, M.D.

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Editorial Office

Dr. Stanley Lesse—15 West 81st Street—New York 24, New York

Editors.

JOSHUA BIERER
M.D., D.Econ. and Soc.Sc.
Medical Director, Marlborough Day Hospital; Consultant Psychiatrist, Runwell Hospital; Hon. Medical Director, Institute of Social Psychiatry, London.

FRANCIS J. BEACELAND
M.D., Sc.D., F.A.C.P.
Psychiatrist in Chief, Institute of Living; Clinical Professor, Yale University; President, American Psychiatric Association.

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